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ABSTRACT

This document consists of forms used by student support services at Wichita State University (Kansas). All forms are computerized using PageMaker 6.0. Many of the forms are intended to be completed on the computer with information then incorporated into the database of current students. Forms are grouped into eight categories: (1) student enrollment forms; (2)student tracking forms; (3) tutorial and training component forms; (4) educational activities and communication component forms; (5) tracking and evaluation component forms; (6) staff forms; (7) computer databases; and (8) staff performance assessment forms. A list of forms and a description of the function of each precedes the forms themselves. (DB)

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HE

MS MANUAL

TRIO

STUDENT
SUPPORT
SERVICES

HE031627

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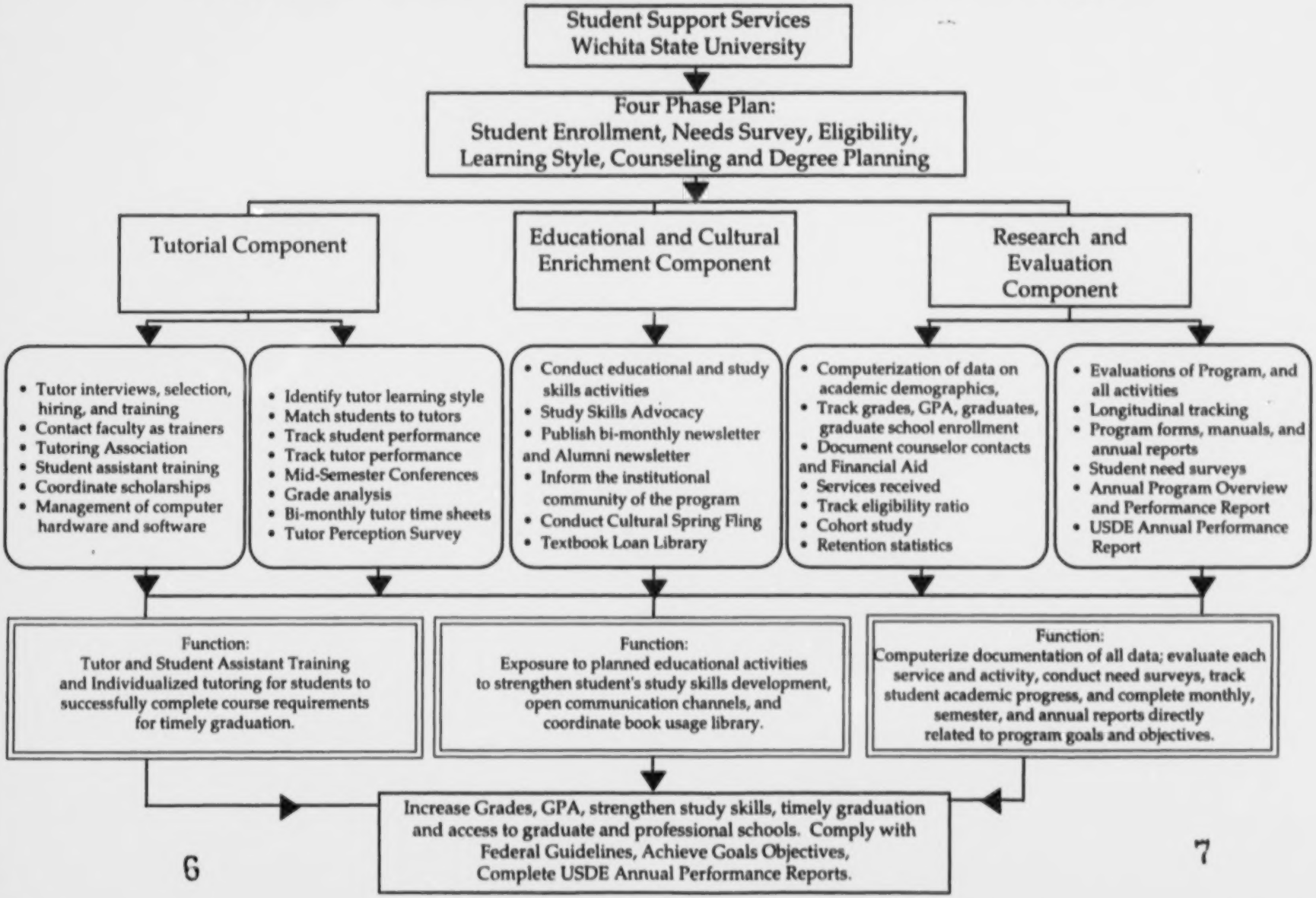
Computerization of Forms

All Forms that appear in this manual are computerized. The eight sections listed above are organized into eight computer folders; the software used is PageMaker 6.0.
When forms are used, a hard copy can be printed out or completed on the computer. Many Forms are completed on the computer and information is then documented on the Current Student Database.

Process Chart of Student Support Services Program


Student Support Services
Wichita State University
Four Phase Plan:
Student Enrollment, Needs Survey, Eligibility,
Learning Style, Counseling and Degree Planning
Tutorial Component
Educational and Cultural Enrichment Component
Research and Evaluation Component
• Tutor interviews, selection, hiring, and training
• Contact faculty as trainers
• Tutoring Association
• Student assistant training
• Coordinate scholarships
• Management of computer hardware and software
• Identify tutor learning style
• Match students to tutors
• Track student performance
• Track tutor performance
• Mid-Semester Conferences
• Grade analysis
• Bi-monthly tutor time sheets
• Tutor Perception Survey
• Conduct educational and study skills activities
• Study Skills Advocacy
• Publish bi-monthly newsletter and Alumni newsletter
• Inform the institutional community of the program
• Conduct Cultural Spring Fling
• Textbook Loan Library
• Computerization of data on academic demographics,
• Track grades, GPA, graduates, graduate school enrollment
• Document counselor contacts and Financial Aid
• Services received
• Track eligibility ratio
• Cohort study
• Retention statistics
• Evaluations of Program, and all activities
• Longitudinal tracking
• Program forms, manuals, and annual reports
• Student need surveys
• Annual Program Overview and Performance Report
• USDE Annual Performance Report
Function:
Tutor and Student Assistant Training and Individualized tutoring for students to successfully complete course requirements for timely graduation.
Function:
Exposure to planned educational activities to strengthen student's study skills development, open communication channels, and coordinate book usage library.
Function:
Computerize documentation of all data; evaluate each service and activity, conduct need surveys, track student academic progress, and complete monthly, semester, and annual reports directly related to program goals and objectives.
Increase Grades, GPA, strengthen study skills, timely graduation and access to graduate and professional schools. Comply with Federal Guidelines, Achieve Goals Objectives, Complete USDE Annual Performance Reports.

STUDENT ENROLLMENT FORMS

Plan to Assess Needs, Services, and Monitor Participant Academic Progress narrative

Application for Program Services

Preliminary Educational Needs Survey

Program-Student Contract

Learning Styles Inventory

Four Phase Plan of Program Participation

Student Enrollment Information

Reactivation of Prior Participant

Student Enrollment Forms
Description of Forms

Application for Program Services - Form completed and signed by the student for Program participation; form documents demographic information on the student, academic need for the Program, and a comprehensive academic plan created by the Counselor to assist the student.

Preliminary Educational Needs Survey- Survey completed by student during initial enrollment identifying areas of need for educational programming and planning, career and life planning, campus services, academic skill development, and personal-social development.

Program-Student Contract - Contract signed by the student accepting the terms for Program participation.

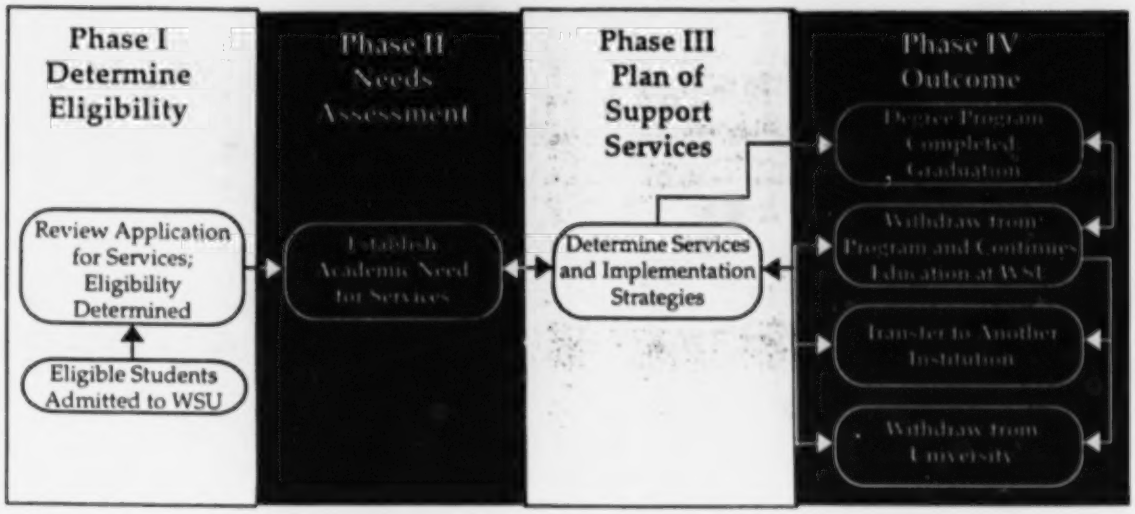
Learning Styles Inventory- Survey taken by program students to determine preferred learning styles and how best to assist them in learning subject matter.

Four Phase Plan for Program Participation- Documents student eligibility, student need, services requested and outcomes of program involvement; form is signed by the Program Counselor verifying accuracy of information from documents provided by the student for Program participation.

Student Enrollment Information- Checksheet for prospective students to complete when applying to the Program.

Reactivation of Prior Participant - Form moving inactive students to active status for purposes of providing Program services and tracking.

Plan to Assess Needs, Services, and Monitor Participant Academic Progress



The application form for SSS Program participants, is laid-out to reflect the 4-Phased Plan. To expedite the application process students are given a checklist of information that they should bring with them. Students complete the application on the computer. When it is printed-out for the meeting with the Program Counselor, the student can see how the Program will assist him/her with academic support services and monitor his/her progress. After the counselor confirms all information on the application, the information is then transferred into the SSS Main Computer Database for retrieval, analysis, and continuous updating.

A complete Student Application Packet includes:

1. Application for Program Services
2. Preliminary Educational Needs Survey
3. Academic records (High school or college transcripts)
4. Financial information (IRS 1040, SAR, etc.)
5. Learning Styles Inventory
6. Current class schedule
7. Referral notes from instructors and advisors

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APPLICATION FOR PROGRAM SERVICES

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Student Support Services provides limited income and first generation college students with a multiplicity of academic support services enabling students to persist and graduate from Wichita State University.

The program provides an interconnected series of academic support services: study skills development to achieve academic success, peer tutoring to master course content, intrusive academic and personal counseling to build confidence.

Name: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number Home: _____ Work: _____

Provide the name of a person the program could contact to obtain information about you if you leave the Program or the University.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

College Level (check one)

___Freshman (1-29 Hrs.)
___Sophomore (30-59 Hrs.)
___Junior (60-89 Hrs.)
___Senior (90+ Hrs.)

Citizenship (check one)

___U.S. Citizen
___Permanent Resident
(Resident Alien No: _____)

Ethnicity (check one)

___American Indian/ Alaskan Native
___Asian/Pacific Islander
___African-American
___Hispanic
___White (other than Hispanic)
___Other _____

Gender (check one)

___Male
___Female

College: _____

Major: _____

TRIO
A FEDERAL TRIO PROGRAM

STUDENT SUPPORT SERVICES

Please answer the following questions by circling YES or NO:

Do either of your parents have a degree from a four year college? YES NO
Father's highest level of education: _____
Mother's highest level of education: _____

Are you receiving financial aid? YES NO
If yes, what type? _____

Do you have any special needs or concerns? YES NO
If yes, please explain: _____

Are you a transfer student from a two-year college? YES NO

Do you plan to earn a bachelor's degree from WSU? YES NO
If yes, what is your target graduation date: _____
(Semester, Year)

Do you intend to complete your degree as a full-time student? YES NO
(12 or more per semester)?

Are you on academic probation? YES NO

Have you previously participated in Student Support Services, Upward Bound (Classic Math/Science), Educational Opportunity Center, Talent Search or McNair Program? YES NO

What is your reason for enrolling in the Student Support Services Program?

_____

_____

_____

I certify all information provided, including financial and family documentation, in conjunction with this application is true and correct to the best of my knowledge. I give permission to release my name to provide recognition in the Student Support Services Newsletter and other publications. I authorize Student Support Services to have access to my school records for program purpose and understand that these records will be held in strict confidence.

_____
Student Signature

_____
Date

NOTICE OF NONDISCRIMINATION
Wichita State University does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability. Any persons having inquiries concerning this may contact the Office of Affirmative Action, Wichita State University, 1845 N. Fairmount, Wichita, KS 67260; (316) 978-0145

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PRELIMINARY EDUCATIONAL NEEDS SURVEY

The following are important issues relevant to your success at WSU. Please answer every question.

Campus Services

Which of the following campus services would you like to know more about? (check one)

____ Office of Career Services
____ Counseling Center
____ Other counseling resources
____ Learning Resource Center
____ Writing Lab
____ Math Lab
____ Multi-Cultural Resource Center
____ Office of Student Financial Planning and Assistance
____ Other _____

Study Skills Development

Which of the following study skills do you feel you need to improve? (please check)

____ Listening and Note Taking Techniques
____ Tips for Math Success
____ Memory Techniques
____ Learning from Textbooks
____ Preparing for Exams
____ Test Taking Strategies
____ Time Management
____ Concentration
____ Motivation
____ Study Environment
____ Other

Would you like more information on the following (circle YES or NO)

Personal-Social Development		
Work	YES	NO
Daycare	YES	NO
Transportation	YES	NO
Housing	YES	NO
Relationships	YES	NO
Nutrition/Exercise	YES	NO
Self-Esteem Building	YES	NO
Stress Management	YES	NO
Fostering Resiliency	YES	NO
Financial Information		
Scholarships	YES	NO
Financial Aid Procedures	YES	NO
Career Guidance		
Career choice and options	YES	NO
Testing for career interests	YES	NO
Diversity issues in the workplace	YES	NO
Financial expectations	YES	NO
Geographical work preference	YES	NO
Graduate school	YES	NO
Graduate Application Procedure	YES	NO
Financing Graduate School	YES	NO
McNair Scholars Program	YES	NO
Academic Advice		
Probation	YES	NO
Academic dismissal	YES	NO
Major selection	YES	NO
Yearly planning of courses	YES	NO
Graduation requirements for your major	YES	NO
Tentative timeline for graduation	YES	NO
Degree Audit	YES	NO
Graduating with honors	YES	NO
Dean's Honor Roll	YES	NO
Academic Commendation	YES	NO

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PROGRAM STUDENT CONTRACT

(To be completed by the Program Counselor)

PROGRAM COUNSELOR:

_____

STUDENT:

_____

I. Responsibilities of the Program Counselor
   A. The Program Counselor will be attentive and knowledgeable concerning the academic progress of the student.
   B. The Program Counselor will provide the student with information on Program services and activities and provide referrals to other campus resources when applicable.

II. Responsibilities of the Student
   A. The Student agrees to participate in at least one study skill development activity each grant year. This includes attendance at scheduled workshops, viewing of study skills video tapes at the Learning Resource Center, or personal assistance by the Study Skills Advocate.
   B. If receiving tutoring, the Student agrees to contact the Program Counselor if s/he drops the tutored class or decides to stop meeting with the Tutor, or if s/he has a problem with the Tutor. Also, the Student understands that signing for more hours on the weekly Contact Sheet than actually tutored will result in the Student being dismissed from the program.

III. Responsibilities of the Program Counselor and the Student
   A. The Student and Program Counselor agree to meet at least <u>once</u> a month for discussion of the Student's academic performance.
   B. The Program Counselor will provide the Student with evaluations to complete his/her Tutor or other Program activities. The Student will complete the evaluations and return them to the Program Counselor.

IV. Goals of Participation

A._____

B._____

C._____

_____
Program Counselor

_____
Date

_____
Student

Student Support Services-Wichita State University

Learning Styles Inventory Questions

Put a check in front of the statements that describe yourself.

1.___When I make things for my studies, I remember what I have learned better.
2.___Written assignments are easy for me to do.
3.___ I learn better if someone reads a book to me than if I read silently to myself.
4.___I get more done when I work alone.
5.___I remember what I have read better than what I've heard.
6.___When I answer questions, I can say the answer better than I can write it.
7.___When I do math problems in my head, I say the numbers to myself.
8.___If I need help in the subject, I will ask a classmate to help.
9.___I understand a math problem that is written down better than one I hear.
10.___I don't mind doing written assignments.
11.___I remember things I hear better than things I read.
12.___I like to work by myself.
13.___I would rather read a story than listen to it read.
14.___I would rather show and explain how a thing works than write how it works.
15.___Saying the multiplication tables over and over helped me remember them better than writing them over and over.
16.___I like to work in a group because I learn from the others in my group.
17.___When the teacher says a number, I really don't understand it until I see it written down.
18.___Writing a spelling word several times helps me remember it better.
19.___I find it easier to remember what I have heard than what I have read.
20.___I learn best when I study alone.
21.___When I have a choice between listening or reading, I usually read.
22.___I feel like I talk more intelligently than I write.
23.___When I'm told the pages of my homework I can remember them without writing them down.
24.___I get more done when I work with someone.
25.___Written math problems are easier for me to do than oral ones.
26.___I like to do things like simple repairs or crafts with my hands.
27.___The things I write on paper sound better when I say them.
28.___I study best when no one is around to talk to.
29.___I do well in classes where most of the information has to be read.
30.___If homework where oral I would do it all.
31.___When I have a written math problem to do, I say it to myself to understand it better.
32.___I can learn more about a subject if I am with a small group of students.
33.___Seeing a number makes more sense to me than hearing a number.
34.___I like to make things with my hands.
35.___I like tests that call for sentence completion or written answers.
36.___I understand more from a class discussion than from reading about a subject.
37.___I learn better by reading than by listening.
38.___I would rather tell a story than write it.
39.___It makes it easier when I say the numbers of a problem to myself as I work it out.
40.___I like to study with other people.
41.___Seeing the price of something written down is easier for me to understand than having someone tell me the price.
42.___I understand what I have learned better when I am involved in making something for the subject.
43.___The things I write on paper sound better than when I say them.
44.___I do well on tests if they are about things I hear in a class discussion.
45.___I can't think as well when I work with someone else as when I work alone.

*Wichita Public Schools Staff Development Center, 3030 South Osage, Wichita, Kansas 67217

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Student Copy

Name_____ Date_____

CIRCLE THE NUMBERS YOU CHECKED ON THE PREVIOUS PAGE AND ADD UP THE NUMBER OF CIRCLES ON EACH LINE

5	13	21	29	37	=_____	Visual Language
9	17	25	33	41	=_____	Visual Number
3	11	19	36	44	=_____	Auditory Language
7	15	23	31	39	=_____	Auditory Number
1	18	26	34	42	=_____	Auditory/Visual Kinesthetic
4	12	20	28	45	=_____	Individual Learner
8	16	24	32	40	=_____	Group Learner
6	14	22	30	38	=_____	Expressiveness-Oral
2	10	27	35	43	=_____	Expressiveness-Written

If a majority of numbers for a particular style are circled, that may be a preferred learning style for you. Identification of your learning style can help you be more effective in your coursework.

- - - -

Student Support Services
Four Phase Plan for Program Participation

WICHITA STATE UNIVERSITY

Student Name:_____ SSN: _____

Phase I: Program Eligibility Determination

Citizenship Status:

- ☐ US Citizen
- ☐ Resident Alien
  - No: A _____
  - (Copy attached)

TRIO Eligibility:

- ☐ First Generation College Student
- ☐ Individual with Disability
- ☐ Low Income
  - Family Size: ____
  - Total Taxable Income: $_____

Limited Income/Disability Verification:

Document Received (Copy attached)

- ☐ Federal Income Tax return
- ☐ College Financial Aid Report
- ☐ Student Aid Report
- ☐ ACT Family Financial Statement
- ☐ General/Public Assistance, AFDC
- ☐ Social Security/Disability
- ☐ Notarized or signed statement
- ☐ Other _____

Phase II: Documentation of Assessment for Academic Need (supporting documentation attached)

- ☐ High School GPA of 2.0 - 3.0
- ☐ SAT scores, Verbal 360 - 490
- ☐ SAT scores, Math 360- 490
- ☐ ACT score of 15-21 in either Math, English, Reading, Science or Comprehensive
- ☐ Diagnostic tests:
  - ☐ Math institutional exit exam score is less than 50%,
  - ☐ English institutional placement tests or exit exam score is less than 2,
  - ☐ Enrolled or re-enrolled in a remedial level course (below 100 level)
- ☐ College GPA _

Hours	GPA
16-24	1.5-2.75
25-47	1.8-2.75
≥48	2.0-2.75

- ☐ GED Recipient (High School equivalency)
- ☐ Failing Grades,
  - ☐ Midterm or final grades D or F in academic courses,
- ☐ Out of academic pipeline for 5 or more years
- ☐ Transfer student with a need for academic support
- ☐ Faculty or adviser referral because of academic/personal performance
- ☐ Other: _____

_____ Student has submitted all necessary documentation for eligibility.

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Phase III: Initial Plan of Support Services

Program services and activities offered to student to meet his/her academic need:

- ____ Study Skill Development
  - ____ Listening and Note Taking Techniques
  - ____ Tips for Math Success
  - ____ Memory Techniques
  - ____ Learning from Textbooks
  - ____ Preparing for Exams
  - ____ Test Taking Strategies
  - ____ Time Management
  - ____ Concentration
  - ____ Motivation
  - ____ Study Environment
  - ____ Other _____
- ____ Personal Counseling
  - ____ Referral to Counseling Center
  - ____ Referral to other counseling resources
- ____ Financial Aid Information and Counseling
  - ____ Referral to Office of Student Financial Planning & Assistance
  - ____ Scholarships
- ____ Academic Counseling
  - ____ Yearly Planning of Courses
  - ____ Degree Audit
- ____ Career Guidance
  - ____ Referral to Office of Career Services
  - ____ Referral to McNair Scholars Program
- ____ Graduate School Counseling
- ____ Educational and Cultural Enrichment Activities
  - ____ Computer/Typewriter Usage
  - ____ Textbook Loan Program
  - ____ Cultural Activity
  - ____ SSS Workshop Series
- ____ Tutorial Assistance
- ____ Other Campus Services
  - ____ Referral to Learning Resource Center
  - ____ Referral to Math/Writing Lab
  - ____ Referral to Multi-Cultural Resource Center
- ____ _____
  _____

Projected Graduation Date _____
(Semester, Year)

Phase IV: Outcome Evaluation

☐ Degree Completed on _____

☐ Student Transferred to another Institution on _____

☐ Student Withdrew from SSS Program on _____

☐ Student Withdrew/Dismissed from the University on _____

Counselor Notes: _____
_____
_____

Accepted into the Program by _____ Date _____

Student Support Services
Student Enrollment Information

WICHITA STATE UNIVERSITY

We are glad that you want to join Student Support Services. We want to provide you with academic support services. In order to determine if you are eligible for the Program, please answer the following questions:

- ☐ Are you a degree bound student?
- ☐ Do you intend to graduate from WSU?
- ☐ Did neither of your parents graduate from a four year college?

If you checked each box, you may be eligible for Student Support Services. In order to complete the enrollment process, please bring the following to the Student Support Services office (309 Grace Wilkie Hall):

1. **Transcript** (unofficial transcript of college records) which may be obtained from University College, your degree granting college, or the transcript window in Jardine Hall.
2. You and/or your parent's most recent **income tax forms** (IRS form 1040, etc.)

This information will assist us in determing your eligibility and how we may serve you best. All documents are confidential and will be protected as such. If you have questions, call us at 978-3715.

Student Support Services
Student Enrollment Information

WICHITA STATE UNIVERSITY

We are glad that you want to join Student Support Servies. We want to provide you with academic support services. In order to determine if you are eligible for the Program, please answer the following questions:

- ☐ Are you a degree bound student?
- ☐ Do you intend to graduate from WSU?
- ☐ Did neither of your parents graduate from a four year college?

If you checked each box, you may be eligible for Student Support Services. In order to complete the enrollment process, please bring the following to the Student Support Services office (309 Grace Wilkie Hall):

1. **Transcript** (unofficial transcript of college records) which may be obtained from University College, your degree granting college, or the transcript window in Jardine Hall.
2. You and/or your parent's most recent **income tax forms** (IRS form 1040, etc.)

This information will assist us in determing your eligibility and how we may serve you best. All documents are confidential and will be protected as such. If you have questions,

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STUDENT SUPPORT SERVICES

REACTIVATION OF PRIOR PARTICIPANT

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Grant Year _____

Name _____ SSN _____
Address _____ City _____ State ___ Zip _____
Phone numbers: Home _____ Work _____
Best time to reach you: Home _____ Work _____

Contact Person_____
Address _____ City _____ State ___ Zip _____
Phone _____

College _____ Classification _____ Major _____
Are you on probation ? _____

Are you receiving financial aid? _____ If yes, what type? _____

Reason for requesting services: _____
_____

FOR OFFICE USE ONLY

Reactivated by _____ Date _____

Academic Need _____
_____

Projected Graduation Date _____

STUDENT TRACKING FORMS

Counselor-Student Contact

Counselor Contact Data Entry

GPA Computation

On-Going Plan for Support Services

Referral and Contact for Counseling

Program Withdrawal/Exit Form

21

Student Tracking Forms
Description of Forms

Counselor-Student Contract- A description of the contact with a student detailing counseling, information dissemination, referrals and strengths and weaknesses.

Counselor Contact Data Entry- Computerized form used to record contacts with students. Notes regarding student progress and activities as well as counselor comments are recorded.

GPA Computation- Computerized worksheet through which counselors and students can make GPA projections and set personal goals.

On-Going Plan for Support Services-Form used to document new or additional requests for services by program participants.

Referral and Contact for Counseling- Form documenting referrals made by Program Counselors and details of counseling received by students who visit with counselors from the Department of Counseling, Educational and School Psychology, and the Counseling and Testing Center.

Program Withdrawal/Exit Form- Internal form completed by the Program Counselors documenting the student's reason(s) for withdrawal from the Program.

COUNSELOR-STUDENT CONTACT

Student Support Services

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Name: _____

Major: _____

DATE	CONTACT DESCRIPTION	COUNSELOR

Rev. 3/98

SSS Counselor-Student Contact

Date: _____

Length of Contact: _____

Student: _____

Counselor: _____

☐ SS ☐ AC
☐ PC ☐ CC
☐ FA ☐ GS

☐ In-person
☐ Telephone

☐ See notes in file.

Notes:

Rev. 2/98

SSS Counselor-Student Contact

Date: _____

Length of Contact: _____

Student: _____

Counselor: _____

☐ SS ☐ AC
☐ PC ☐ CC
☐ FA ☐ GS

☐ In-person
☐ Telephone

☐ See notes in file.

Notes:

Rev. 2/98

SSS Counselor-Student Contact

Date: _____

Length of Contact: _____

Student: _____

Counselor: _____

☐ SS ☐ AC
☐ PC ☐ CC
☐ FA ☐ GS

☐ In-person
☐ Telephone

☐ See notes in file.

Notes:

Rev. 2/98

SSS Counselor-Student Contact

Date: _____

Length of Contact: _____

Student: _____

Counselor: _____

☐ SS ☐ AC
☐ PC ☐ CC
☐ FA ☐ GS

☐ In-person
☐ Telephone

☐ See notes in file.

Notes:

Rev. 2/98

Student Support Services

Counselor Contact Data Entry

Instructions:

1. Enter SSN, Contact Date, Counselor ID, Contact Type.
2. Put approx. time (tenths of hour) for each service provided.
3. If recording contact with tutor or other resource about student, leave counseling time blank.
4. Type Contact Notes.
5. Press ⌘-1 when done.

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

SSN SSN Last Name ::Last Name First Name ::First Name

Contact Date Contact D Counselor ID Counselor ID

○ In-person ○ Telephone SS S S PC PC FA FA AC AC CC C C GS G S Counseling time Couns

Counselor Notes: Counselor Notes

Press ⌘-1 to run "Whole Name Data Entry" script when done with this record

Whole name auto-entered by script: Whole name

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SSS GPA Computation Worksheet

SSN ::First Name ::Last Name

Semester Year

Courses	Goal: Gr	Goal: Gr Pt	Goal: Cr Hr	Goal: Cl GP	Midterm: Gr	Midterm: Gr Pt	Midterm: Cr Hr	Midterm: Cl GP
Courses	ade G	oal	x Goal	= Goal	e Mid	rm	x erm	= erm
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=
			x	=			x	=

	Goal	Midterm
Total Gr Pts	ts Goal	Midterm
Total Cr Hrs	ed Goal	Midterm
Semester GPA	A Goal	Midterm

Projected Cumulative	Cr Hr	GP	GPA
Begin	pted	ned	e GPA
Current	Goal	Goal	A Goal
End	Goal	Goal	A Goal

Projected Cumulative	Cr Hr	GP	GPA
Begin	pted	ned	e GPA
Current	erm	erm	dterm
End	erm	erm	dterm

Directions:

1. Enter Student SSN
2. Enter course Dept. and Cat #
3. Tab to enter Grade goal
4. Tab to enter Credit hours for class (if no graded credit leave blank)
5. Enter Beginning Attempted Credit hours, Grade Points
6. Modify goals to observe results of various outcomes
7. Update at Midterm

WICHITA STATE UNIVERSITY
The Metropolitan Advantage
Student Support Services

Legend:
Gr = Grade (A,B, C...)
Gr Pt = Grade points
Cr Hr = Credit Hours
Cl GP = Class Gr Pt

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Student Support Services

Semester Semester at WSU

On-Going Plan for Support Services

Name ::First Name ::Last Name Counselor ::Counselor

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Main Menu

Services Requested

- Semester S [eq] Study Skill Development
- Semester L [e] Listening/Note Taking Techniques
- Semester N [th] Studying Math & Handling M. Anxiety
- Semester N [on] Memory Techniques
- Semester T [om] Learning from Textbooks
- Semester T [Ex] Test-taking Strategies
- Semester T [ge] Time Management
- Semester O Other Other1 Request
- Semester O Other Other2 Request

- Semester C [eq] Career Counseling
- Semester G [eq] Graduate School Counseling
- Semester E [eq] Educational Activities
- Semester S [op] SSS Workshop Series
- Semester C [e] Computer/Typewriter Use
- Semester T [Te] Textbook Loan Library
- Semester S [g] Cultural Spring Fling
- Semester T [eq] Tutorial Assistance

- Semester P [op] Personal Counseling
- Semester F [eq] Financial Aid Information
- Semester A [eq] Academic Counseling

Enrollment Information

Transcript Information

Address and Telephone (for folder)

Services Received

Revised goals for Program participation _____

_____

Student Signature _____ Date _____

Rev. 8/87

SSS REFERRAL AND CONTACT FOR COUNSELING

☐ Department of Counseling, Educational and School Psychology

☐ Department of Psychology

☐ Counseling and Testing Center

Reason for Referral
- ☐ Study Skills Counseling
- ☐ Personal Counseling
- ☐ Financial Aid Counseling
- ☐ Academic Counseling
- ☐ Career Counseling
- ☐ Graduate School Counseling

Student:_____ Date:_____

Counselor:_____ Length of Contact:_____

Action Taken:

Return to Student Support Services, Campus Box 81

2/98

SSS REFERRAL AND CONTACT FOR COUNSELING

WICHITA STATE
UNIVERSITY

☐ Department of Counseling, Educational and School Psychology

☐ Department of Psychology

☐ Counseling and Testing Center

Reason for Referral
- ☐ Study Skills Counseling
- ☐ Personal Counseling
- ☐ Financial Aid Counseling
- ☐ Academic Counseling
- ☐ Career Counseling
- ☐ Graduate School Counseling

Student:_____ Date:_____

Counselor:_____ Length of Contact:_____

Action Taken:

Return to Student Support Services, Campus Box 81

2/98

STUDENT SUPPORT SERVICES
PROGRAM WITHDRAWAL/EXIT FORM

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Student Name: _____

Social Security Number: _____

Date of withdrawal/exit: _____

Reason(s) participant withdrew/exited:

_____ Dismissed for academic reasons

_____ Dismissed for other than academic reasons

_____ Withdrew for financial reasons

_____ Withdrew for health reasons

_____ Withdrew for academic reasons

_____ Withdrew for personal reasons

_____ Transferred to another post-secondary institution

_____ Graduated

_____ Unknown

Comments:

_____ _____

Counselor Signature Date

Rev. 8/97

TUTORIAL AND TRAINING COMPONENT FORMS

Program-Tutor Contract

Tutor-Student Request

Tutor-Student Initial Contact Report

Tutor-Student Contract

Tutor-Student Missed Appointment Slip

Tutor-Student Weekly Contact Sheet

Tutor-Student Change of Tutoring Status

Tutor Coordinator Request for Information

Tracking of Student's Progress in Tutored Course

Tutor Daily Sign-in

Tutor Meeting Attendance

Tutor Semester Work Summary

Tutors Receiving Course Credit

Evaluation of Non-Passing Grade Received in Tutored Course

Tutor File

Tutor Assignment

Tutored Students

TUTORIAL AND TRAINING COMPONENT FORMS
Description of Forms

Program-Tutor Contract-Contract signed by the tutor outlining the responsibilities of the Tutor, policies and procedures for employment and training requirements.

Tutor-Student Initial Contact Report - Form attached to the Tutor-Student Assignment Form and given to the Tutor by the Tutor Coordinator; Tutor documents attempted contacts with the student, outcome of those contacts, and information on the initial meeting set up with the student.

Tutor-Student Request - Form completed by the Program Counselors documenting student's request for tutoring in a specific course, student's phone numbers, and best days/times for student to receive tutoring; Counselors give the form to the Tutor Coordinator who matches the student with a Tutor most able and available to provide tutorial assistance.

Tutor-Student Contract - Contract signed by Tutor and student outlining the responsibilities of tutoring, days and times for tutoring, and Program expectations of both Tutor and student.

Tutor-Student Missed Appointment Slip - Form completed by the Tutor documenting missed sessions by either the student or the Tutor, reasons for missed sessions, and scheduled make-up dates.

Tutor-Student Weekly Contact Sheet - Form completed by the Tutor and signed by the student documenting tutorial sessions completed, concepts covered, and grades received by the student on homework assignments, quizzes, papers, and tests.

Tutor-Student Change of Tutoring Status - Form completed by Tutor and approved by Program Counselor documenting changes in tutoring from original contract such as changes in days/times, transfer to another Tutor, withdrawal from tutoring, or suspension from tutoring.

Tutor Coordinator Request for Information - Form completed by the Tutor Coordinator and attached to incomplete paperwork that is returned to the Tutor in order to clarify or complete the documentation.

Tracking of Student's Progress in Tutored Course-Form completed weekly by the Tutor on each student tutored. Includes expected and actual grades, dates of tutoring sessions, material covered, assignments and grades received and any tutor comments on students preparedness, attentiveness, improvement and other qualities signed by student's counselor every four weeks.

Tutor Daily Sign-in - Form documenting Tutor's daily required contact with the office. Tutors sign-in the time underneath the day of the week.

Tutor Meeting Atendance-Form documenting Tutor's attendance at tutor training, tutor orientation monthly meetings.

Tutors Receiving Course Credit - Master list of Tutors receiving undergraduate/graduate credit for enrollment in CESP 750E, their completion of requirements, and the awarding of Credit/No Credit.

Tutor Semester Work Summary - Summary sheet kept by the supervising Tutor Coordinator on each Tutor documenting daily sign-in record, attendance at Tutor training meetings, total hours worked per week, and roster of students tutored.

Evaluation of Non-Passing Grade Received in Tutored Course - Report completed by the Program Counselor documenting reason(s) for students not receiving a passing grade in a course for which he/she received tutoring.

Tutorial Component Process Chart

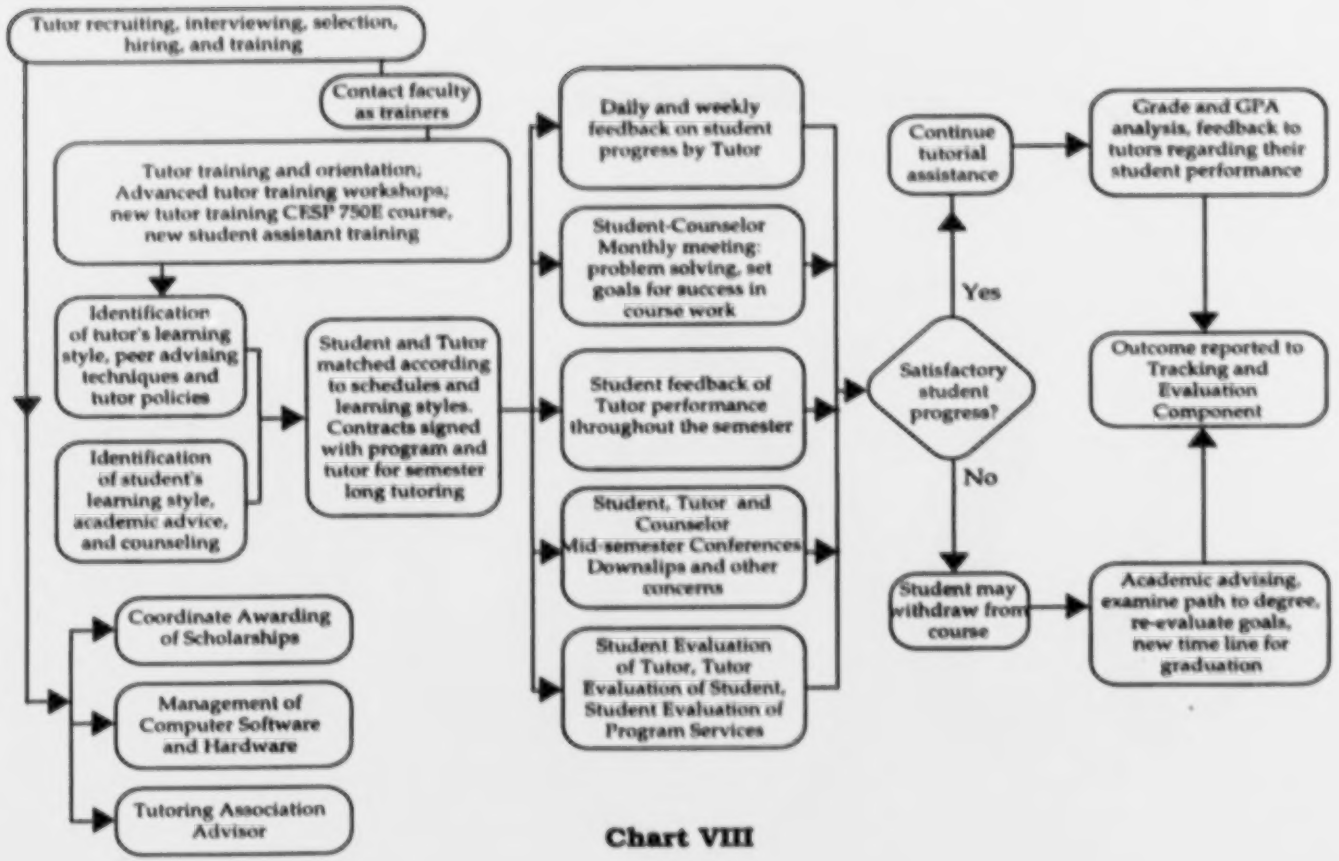
Tutor recruiting, interviewing, selection, hiring, and training
Contact faculty as trainers
Tutor training and orientation; Advanced tutor training workshops; new tutor training CESP 750E course, new student assistant training
Identification of tutor's learning style, peer advising techniques and tutor policies
Identification of student's learning style, academic advice, and counseling
Student and Tutor matched according to schedules and learning styles. Contracts signed with program and tutor for semester long tutoring
Coordinate Awarding of Scholarships
Management of Computer Software and Hardware
Tutoring Association Advisor
Daily and weekly feedback on student progress by Tutor
Student-Counselor Monthly meeting: problem solving, set goals for success in course work
Student feedback of Tutor performance throughout the semester
Student, Tutor and Counselor Mid-semester Conferences Downslips and other concerns
Student Evaluation of Tutor, Tutor Evaluation of Student, Student Evaluation of Program Services
Satisfactory student progress?
Yes
No
Continue tutorial assistance
Student may withdraw from course
Grade and GPA analysis, feedback to tutors regarding their student performance
Outcome reported to Tracking and Evaluation Component
Academic advising, examine path to degree, re-evaluate goals, new time line for graduation

Chart VIII

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PROGRAM-TUTOR CONTRACT
Student Support Services

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

The goal of Student Support Services is to assist low income and first generation college students, and/or individuals with disabilities to successfully complete their course of study and graduate from WSU. As a Tutorial Staff Member, your objective is to assist your students to successfully complete their course work enabling them to move closer to their goal of graduation from Wichita State University.

To help ensure that this program objective is realized, we have hired you, _____, to play an important role in the instructional process at Student Support Services. Tutor responsibilities include:

1. Attend and participate in Tutor Training and Orientation at the beginning of each semester and attend Tutor meetings throughout the semester.
2. Sign in daily and check mailbox in person.
3. Provide tutoring on a weekly basis in at least one subject to students matched and assigned to you by the Coordinator of Tutorial Services.
4. Assist in the development of positive study habits, study skills, and learning styles of tutored students.
5. Advise students regarding university and community services.
6. Provide regular feedback to counselors on student academic progress.
7. Complete documentation on each student and timesheets and submit documentation to the office by noon, each Friday.
8. Attend mid-semester conferences with all tutored students.
9. Contribute to the continuous improvement the quality of the tutorial process.

When students request a tutor they are expecting services for the full semester. After you are selected and trained, you are assigned students. When you sign a contract with them, you are committing yourself for tutoring for the full semester. If you decide to leave tutoring in the middle of a semester, it puts the student and the program in a bind. Please note, your signature indicates that you will provide tutoring to Student Support Services Program students for the full semester. If for any unforeseen circumstances you must resign your position, you must provide the Assistant Director a written letter, a two-week notice, and find a replacement tutor who meets the same qualifications as you (subject to the Director's approval).

The basic policies, procedures and expectations of the Tutors will be explained to you during the Tutor Training and Orientation at the beginning of each semester. We expect that your competency and integrity will contribute to the success of this program.

I, hereby, understand that I will commit my services for the full semester, and work diligently and effectively in the Tutorial Component of Student Support Services.

_____	_____	_____
(Assistant Director)	(Date)	(Tutor Signature)

REV. 3/96

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WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Student Support Services
Tutor-Student Request

Last Name	Last Name
First Name	First Name
Date of request	Date of request
Course	Course
Counselor	Counselor
Home Phone	Home Phone
Work Phone	Work Phone
Best time to call	Best time to call
Best days/times to tutor	Best days/times to tutor

Learning Style(s)

Visual Language	Visu
Visual Number	Visu
Auditory Language	Aud
Auditory Number	Aud
Auditory/Visual Kinesthetic (Combination)	Aud
Individual Learner	Indi
Group Learner	Gro
Expressiveness - Oral	Exp
Expressiveness - Written	Exp

Requested study skill assistance

- ☐ Listening/Note Taking
- ☐ Memorization
- ☐ Preparing for Exams
- ☐ Tips for Math Success
- ☐ Textbook Comprehension
- ☐ Time Management
- ☐ Other

Other

Schedule

Schedule

Notes from Counselor to Tutor

Notes from Counselor to Tutor

Notes from Tutor Coordinator to Tutor

Notes from Tutor Coordinator to Tutor

Tutor-Student Initial Contact Report

Name: _____

Student Name: _____

Date of Assignment: _____

Attempted Contact

	Date	Time	Outcome
1.			
2.			
3.			
4.			

Initial Session Information

Date	Day	Time	Place

Rev. 3/98

Return to office within 48 hours.

Tutor-Student Initial Contact Report

Tutor Name: _____

Student Name: _____

Date of Assignment: _____

Attempted Contact

	Date	Time	Outcome
1.			
2.			
3.			
4.			
5.			

Initial Session Information

Date	Day	Time	Place

Rev. 3/98

Return to office within 48 hours.

Tutor-Student Initial Contact Report

Tutor Name: _____

Student Name: _____

Date of Assignment: _____

Attempted Contact

	Date	Time	Outcome
1.			
2.			
3.			
4.			
5.			

Initial Session Information

Date	Day	Time	Place

Rev. 3/98

Return to office within 48 hours.

Tutor-Student Initial Contact Report

Tutor Name: _____

Student Name: _____

Date of Assignment: _____

Attempted Contact

	Date	Time	Outcome
1.			
2.			
3.			
4.			
5.			

Initial Session Information

Date	Day	Time	Place

Rev. 3/98

Return to office within 48 hours.

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Student Support Services

TUTOR-STUDENT CONTRACT

WICHITA STATE UNIVERSITY

Tutor _____ Student _____
Home Phone _____ Home Phone _____
Tutored Course(s) _____ Semester _____

I. Responsibilities of the Tutor:
   A. The Tutor shall be attentive and knowledgeable concerning the content and progress of the Student in the tutored course.
   B. The Tutor agrees to post messages to the Student on the "Student Message Board."

II. Responsibilities of the Student:
   A. The Student agrees to provide his or her Tutor with a copy of the course syllabus or a schedule of exams, assignments, etc. that are required in the tutored course in order to assist the Tutor to prepare for tutoring sessions.
   B. The Student shall study, complete homework, and identify the problem areas needing clarification before coming to tutoring sessions.

III. Responsibilities of Tutor and Student:
   A. The Tutor and Student agree to meet at least once a week.
   B. The Tutor and Student agree to meet at the following times:

Day:_____ Day:_____ Day:_____
Time:_____ Time:_____ Time:_____

   C. As a courtesy, the Tutor and Student shall contact each other at least _____ hours in advance if either is unable to attend a session. A call can be made to the place of residence or work or a message can be left in the Program office. Arrangements to make up the missed session during the week should be made at the time of the call.
   D. The Tutor and Student agree to be prepared and be on time for all sessions.
   E. The Tutor and Student shall wait 15 minutes before counting the session as being an unexcused absence for the late party.
   F. The Tutor and Student agree not to miss tutoring sessions. Missed appointments made up within the same week will not be counted as missed sessions.
      1. Upon the 3rd missed session, tutoring will be suspended.
      2. (i) To reinstate tutoring, the Tutor and/or Student are required to submit a written statement to the Counselor explaining the circumstances and providing reasons to resume tutoring.
         (ii) Thereafter, a meeting between the Student, Tutor and Counselor is held to determine whether to resume tutoring.
      3. The Tutor and Student agree to limit any absences from tutoring and will provide advance notice to the other if an absence is unavoidable. Every effort will be then made to make up the session.
   G. The Tutor and Student understand that signing for more hours than those actually tutored is forgery and will result in the dismissal of both from the Program.
   H. The Tutor and Student are aware that tutoring takes place on campus.
   I. The Tutor and Student agree that a violation of any part of this contract could result in the termination of tutorial assistance.

_____ _____ _____
Tutor Date Student

SSS Tutor-Student
Missed Appointment Slip

Date: _____

Wk #: _____ Time: _____

Student
Name:_____

Tutor
Name:_____

Student Miss ☐ Tutor Miss ☐
Appropriate notification given? Yes No
Reason for Missed Appointment:

Session to be made up? Yes No

One copy is turned in to the office.

SSS Tutor-Student
Missed Appointment Slip

Date: _____

Wk #: _____ Time: _____

Student
Name:_____

Tutor
Name:_____

Student Miss ☐ Tutor Miss ☐
Appropriate notification given? Yes No
Reason for Missed Appointment:

Session to be made up? Yes No

One copy is turned in to the office.

SSS Tutor-Student
Missed Appointment Slip

Date: _____

Wk #: _____ Time: _____

Student
Name:_____

Tutor
Name:_____

Student Miss ☐ Tutor Miss ☐
Appropriate notification given? Yes No
Reason for Missed Appointment:

Session to be made up? Yes No

One copy is turned in to the office.

SSS Tutor-Student
Missed Appointment Slip

Date: _____

Wk #: _____ Time: _____

Student
Name:_____

Tutor
Name:_____

Student Miss ☐ Tutor Miss ☐
Appropriate notification given? Yes No
Reason for Missed Appointment:

Session to be made up? Yes No

One copy is turned in to the office.

Student Support Services

TUTOR-STUDENT CHANGE OF TUTORING STATUS

WICHITA STATE UNIVERSITY

Student Name:_____ | Grant Year:_____

This change is for (check all that apply):

- ☐ Change of hours tutored per week
- ☐ Transfer to new tutor
- ☐ Student withdrawal from tutoring
- ☐ Tutoring suspended
- ☐ Other (Specify)_____
- ☐ Day(s)/times(s)
- ☐ Change of class
- ☐ Student withdrawal from class

All changes must be approved by the Program Counselor (please print).

Current Information	New Information
Tutor: _____	Tutor: _____
Class: _____	Class: _____
Days/times: _____	Days/times: _____
No. of hrs. per week: _____	No. of hrs. per week: _____

Other(explain): _____

_____

This change is: ☐ Semester-long; ☐ Temporary (specify time period)

If Temporary: From _____ To _____

This change is effective: Date:_____ Sem.Wk:_____

Reason for change: _____

_____

Signatures: Tutor:_____ Date:_____

☐ Approved

Program Counselor: _____ Date:_____

☐ Denied

Comments: _____

_____

WSU-STUDENT SUPPORT SERVICES, DIVISION OF STUDENT AFFAIRS
POSITIVE TIME REPORTING

PAYROLL PERIOD FROM _____ TO _____ POSITION NUMBER _____

	Week One							Week Two							
EARN	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TO-

Employee Signature: _____

Supervisor Signature: _____

Budget Officer: _____

For Office Use Only

Total Tutoring Hours _____

Paperwork _____

Meeting Attendance _____

_____

Turn in by Friday 5 p.m. each week

STUDENT NAME:				WEEK #		TUTOR NAME:
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

STUDENT NAME:				WEEK #		TUTOR NAME:
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

STUDENT NAME:				WEEK #	TUTOR NAME:	
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

STUDENT NAME:				WEEK #	TUTOR NAME:	
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

STUDENT NAME:				WEEK #	TUTOR NAME:	
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

STUDENT NAME:				WEEK #	TUTOR NAME:	
DAY	DATE	TIME	HRS	CONCEPT COVERED	GRADES	STUDENT SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

SSS
Request for Information

To: _____

From: _____

Date: _____

The document(s) listed below needs to be completed or clarified.

- ☐ Initial Contact Sheet
- ☐ Tutor-Student Contract
- ☐ Weekly Contact Sheet
- ☐ Missed Appointment Slip
- ☐ Change of Tutoring Status

WICHITA STATE UNIVERSITY

Action necessary:

- ☐ Documentation is Late
- ☐ Student Name/Signature
- ☐ Date
- ☐ Counselor Signature
- ☐ Doc. is Missing
- ☐ Tutor Name
- ☐ Week Number
- ☐ Other

Please see the Tutor Coordinator if you have questions. Thank you.

Revised 8/97

SSS
Request for Information

To: _____

From: _____

Date: _____

The document(s) listed below needs to be completed or clarified.

- ☐ Initial Contact Sheet
- ☐ Tutor-Student Contract
- ☐ Weekly Contact Sheet
- ☐ Missed Appointment Slip
- ☐ Change of Tutoring Status

WICHITA STATE UNIVERSITY

Action necessary:

- ☐ Documentation is Late
- ☐ Student Name/Signature
- ☐ Date
- ☐ Counselor Signature
- ☐ Doc. is Missing
- ☐ Tutor Name
- ☐ Week Number
- ☐ Other

Please see the Tutor Coordinator if you have questions. Thank you.

Revised 8/97

SSS
Request for Information

To: _____

From: _____

Date: _____

The document(s) listed below needs to be completed or clarified.

- ☐ Initial Contact Sheet
- ☐ Tutor-Student Contract
- ☐ Weekly Contact Sheet
- ☐ Missed Appointment Slip
- ☐ Change of Tutoring Status

WICHITA STATE UNIVERSITY

Action necessary:

- ☐ Documentation is Late
- ☐ Student Name/Signature
- ☐ Date
- ☐ Counselor Signature
- ☐ Doc. is Missing
- ☐ Tutor Name
- ☐ Week Number
- ☐ Other

Please see the Tutor Coordinator if you have questions. Thank you.

Revised 8/97

SSS
Request for Information

To: _____

From: _____

Date: _____

The document(s) listed below needs to be completed or clarified.

- ☐ Initial Contact Sheet
- ☐ Tutor-Student Contract
- ☐ Weekly Contact Sheet
- ☐ Missed Appointment Slip
- ☐ Change of Tutoring Status

WICHITA STATE UNIVERSITY

Action necessary:

- ☐ Documentation is Late
- ☐ Student Name/Signature
- ☐ Date
- ☐ Counselor Signature
- ☐ Doc. is Missing
- ☐ Tutor Name
- ☐ Week Number
- ☐ Other

Please see the Tutor Coordinator if you have questions. Thank you.

Revised 8/97

Student Support Services

Tracking of Student's Progress in Tutored Course

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Student Name: _____ Student Counselor: _____
Tutor Name: _____ Course: _____
Date of Contract: _____ Week Number Contract Signed: _____
Meeting Days and Times: _____

Expected Overall Grade after Weeks 01-04: _____ Actual Grade: _____
Expected Overall Grade after Weeks 05-08: _____ Actual Grade: _____
Expected Overall Grade after Weeks 09-12: _____ Actual Grade: _____
Expected Overall Grade after Weeks 13-16: _____ Actual Grade: _____

Semester Week	Date	Material Covered	Notes on Student*	Next Assignment	Grades Received and Type	Counselor's Initials
1						
2						
3						
4						
5						
6						
7						
8						

*Tutor comments on student's preparedness, attentiveness, improvement and other qualities

Student Support Services

Semester Week	Date	Material Covered	Notes on Student*	Next Assignment	Grades Received and Type	Counselor's Initials
9						
10						
11						
12						
13						
14						
15						
16						

*Tutor comments on student's preparedness, attentiveness, improvement and other qualities

Missed Appointments:

Date	Made-up(yes or no)	If yes, date of make-up

Student Support Services
Tutor Sign-in Log
Spring 1998

Name	Week #_____	Day & Time
1.	M ____	T ____ W ____ Th ____ F ____
2.	M ____	T ____ W ____ Th ____ F ____
3.	M ____	T ____ W ____ Th ____ F ____
4.	M ____	T ____ W ____ Th ____ F ____
5.	M ____	T ____ W ____ Th ____ F ____
6.	M ____	T ____ W ____ Th ____ F ____
7.	M ____	T ____ W ____ Th ____ F ____
8.	M ____	T ____ W ____ Th ____ F ____
9.	M ____	T ____ W ____ Th ____ F ____
10.	M ____	T ____ W ____ Th ____ F ____
11.	M ____	T ____ W ____ Th ____ F ____
12.	M ____	T ____ W ____ Th ____ F ____
13.	M ____	T ____ W ____ Th ____ F ____
14.	M ____	T ____ W ____ Th ____ F ____
15.	M ____	T ____ W ____ Th ____ F ____
16.	M ____	T ____ W ____ Th ____ F ____
17.	M ____	T ____ W ____ Th ____ F ____
18.	M ____	T ____ W ____ Th ____ F ____
19.	M ____	T ____ W ____ Th ____ F ____
20.	M ____	T ____ W ____ Th ____ F ____
21.	M ____	T ____ W ____ Th ____ F ____
22.	M ____	T ____ W ____ Th ____ F ____
23.	M ____	T ____ W ____ Th ____ F ____
24.	M ____	T ____ W ____ Th ____ F ____
25.	M ____	T ____ W ____ Th ____ F ____
26.	M ____	T ____ W ____ Th ____ F ____
27.	M ____	T ____ W ____ Th ____ F ____
28.	M ____	T ____ W ____ Th ____ F ____
29.	M ____	T ____ W ____ Th ____ F ____
30.	M ____	T ____ W ____ Th ____ F ____

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Main Menu

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TUTOR MEETING ATTENDANCE

Current Semester

DATE _____

WICHITA STATE UNIVERSITY

The Metropolitan Advantage

			PRESENT	ABSENT	EXCUSED
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____
nbers	Last Name	First Name	_____	_____	_____

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WICHITA STATE UNIVERSITY

A TUTOR'S SEMESTER WORK SUMMARY
Student Support Services

Semester: _____

Tutor _____ Tutor Coordinator: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Weekly Total for Daily Sign-In																	
Attendance at Weekly Meetings																	
Weekly Total for Hours Worked																	
Documentation Complete																	

Comments:

Student	Course	Cr. Hrs.	Date of Contract	Weekly Contracted Hrs. to be Tutored	Mid-Term Report/ Final Course Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

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TUTORS RECEIVING WICHITA STATE UNIVERSITY
COURSE CREDIT
Student Support Services

WICHITA STATE UNIVERSITY

Master list of students enrolled in CESP 750E - Tutoring Techniques

Grant Year:_____ Semester:_____

Name	SSN	Completion of Requirements					(100 pts total)
		16 hrs. of Training (32 pts)	Empow-erment Model (12pts)	Article Critique (12 pts)	Final Project (30 pts)	Presenta-tion (14pts)	

Faculty: Dr. Deema de Silva
See attached course description, required readings, and assignments.

Student Support Services
EVALUATION OF NON-PASSING GRADE
RECEIVED IN TUTORED COURSE

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Semester _____ Grant Year _____

Student _____ Tutor _____

Tutored Course(s) _____ Grade(s) Received _____

Reason for not receiving a passing grade

Counselor: _____ Date: _____

Student Support Services
EVALUATION OF NON-PASSING GRADE
RECEIVED IN TUTORED COURSE

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Semester _____ Grant Year _____

Student _____ Tutor _____

Tutored Course(s) _____ Grade(s) Received _____

Reason for not receiving a passing grade

Counselor: _____ Date: _____

New Record

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Main Menu

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

STUDENT SUPPORT SERVICES
TUTOR FILE

Personal

First Name: First Name Last Name: Last Name

Street: Street

City: City State: State Zip: Zip

Home Phone: Home Phone Work Phone: Work Phone

Notes: Note

SSN: SSN Birthdate: Birthdate

E-Mail: E-Mail

Demographic

Ethnicity: Ethnicity Gender: Gender

Status: Status Graduated & Left Campus? Grad

Class: Class Major: Major

Program

Completed CESP 750E Class: Co

Returning? Re

Date Hired: Date Hired Semester Hired: Semester Hired

Experience: Experience Current Semester: Current Semeste

Tutoring Area: Area of Tutoring

Learning Style: Learning Style

Modification Date: Modification Date Initial Orientation: Initial Orientat

Attended Orientation FL: Attended Ori

Attended Orientation SP: Attended Ori

First Name Last Name

WSU Student Support Services- Tutor Assignments

Student	Student
Tutor	Tutor
Date Requested	Date Requested
Date Assigned	Date Assigned
Initial Contact Report-1 Due	Initial Contact Report-1
Initial Contact Report-2 Due	Initial Contact Report-2
Date Contacted	Date Contacted
First Meeting Date	First Meeting Date
Time/Place	Time/Place
Date of Contract	Date of Contract
Response Time	Response Time
Comments	Comments
Counselor	Counselor

Tutoring Status

Tutoring Sta

Student Support Services
TUTORED STUDENTS

Grant Year Grant Y - Grant Y

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Student First Name: Student First Name Last Name: Student Last Name
Student's Counselor: Student Counselor
Tutor First Name: Tutor First Name Last Name: Tutor Last Name
Semester: Semester Status: Status
Contract Date: Contract Date Contract Week: Con
Hours Contracted: Hou Sessions Contracted: Ses

Sessions

Week	#1	#2	#3
Wk1	Wk1a	Wk1b	Wk1c
Wk2	Wk2a	Wk2b	Wk2c
Wk3	Wk3a	Wk3b	Wk3c
Wk4	Wk4a	Wk4b	Wk4c
Wk5	Wk5a	Wk5b	Wk5c
Wk6	Wk6a	Wk6b	Wk6c
Wk7	Wk7a	Wk7b	Wk7c
Wk8	Wk8a	Wk8b	Wk8c
Wk9	Wk9a	Wk9b	Wk9c
/k10	/k10a	/k10b	/k10c
/k11	/k11a	/k11b	/k11c
/k12	/k12a	/k12b	/k12c
/k13	/k13a	/k13b	/k13c
/k14	/k14a	/k14b	/k14c
/k15	/k15a	/k15b	/k15c
/k16	/k16a	/k16b	/k16c
/k17	/k17a	/k17b	/k17c

Misses
Student: ses
Tutor: ses
Total Hours: Hours

KEY:
MT - Tutor Miss
MS - Student Miss
MTS - Temp. Suspension
CC - Campus Closed

	Course	Credit Hours	Downslip	Grade
1	Course 1	s 1	p 1	e 1
2	Course 2	s 2	p 2	e 2
3	Course 3	s 3	p 3	e 3

Modification Date: Modification

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EDUCATIONAL ACTIVITIES AND COMMUNICATION COMPONENT FORMS

Book Usage Contract

SSS Workshop Evaluation Form

Math Lab Attendance Verification

Writing Center Attendance Verification

Study Skill Development Verification

SSS Workshop Series sign-in sheet

Study Skills Advocate-Student Contact Request

Study Skills Advocate Activities Report

Computer/Typewriter Use Log

EDUCATIONAL ACTIVITIES AND COMMUNICATION COMPONENT FORMS
Description of Forms

Book Usage Contract - Contract signed by student and Program Counselor outlining the student's responsibilities for borrowed books; title, author, and edition of the borrowed books; and deadline for returning the book to the Program.

SSS Workshop Evaluation Form- Form completed by workshop participants to evaluate the quality of the services received.

Math Lab Attendance Verification- Form used to document students attendance at the Math Lab.

Writing Center Attendance Verification-Form used to document students attendance at the Writing Center.

Study Skill Development Verification Form-Form used to document students participation in a study skill development activity at the Learning Resource Center or other accepted source.

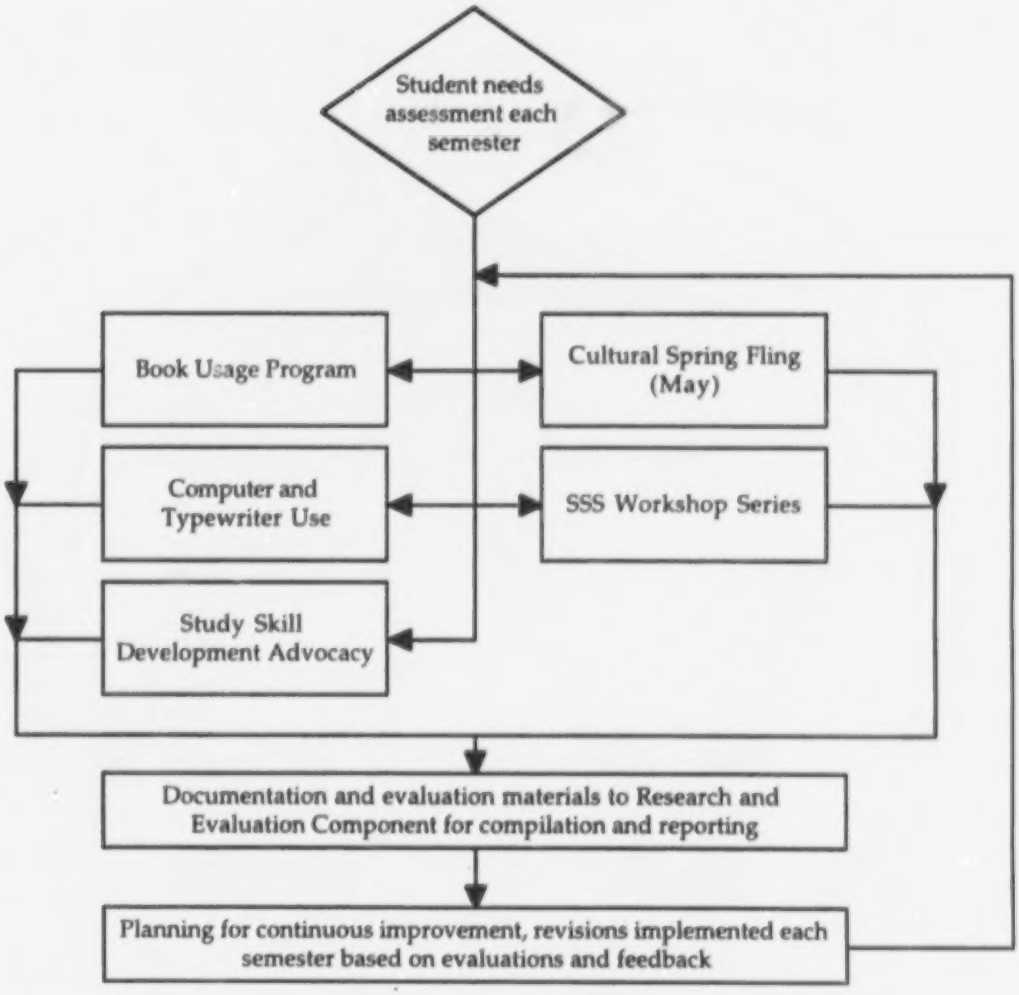
SSS Workshop Series Sign-in Sheet-Form used to document students attendance at SSS Workshops Series workshops for a student.

Study Skills Advocate- Student Contact Request-Form completed by counselors and tutors to request assistance from the Study Skills Advocate.

Study Skills Advocate Activities Report- Form completed by the Study Skills Advocate documenting time and efforts to contact students.

Computer/Typewriter Use Log - Computer generated report documenting student use of program equipment.

Schematic Chart of the Educational and Cultural Enrichment Component


Student needs assessment each semester
Book Usage Program
Cultural Spring Fling (May)
Computer and Typewriter Use
SSS Workshop Series
Study Skill Development Advocacy
Documentation and evaluation materials to Research and Evaluation Component for compilation and reporting
Planning for continuous improvement, revisions implemented each semester based on evaluations and feedback

Student Support Services

BOOK USAGE CONTRACT

WICHITA STATE UNIVERSITY

The Metropolitan Advantage

I,_____ , agree to take full responsibility for the book(s) I have received from Operation Success during the _____ semester. I will be responsible for:

1. Taking good care of the book(s) by only marking in pencil and making sure that the pages and binding are intact when I return it, thus enabling others to re-use the same book in the future;

2. Returning the book(s) by the last day of finals, _____ .

BOOKS BORROWED

Access Code	Title	Author	Ed.	Cpy.
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____

I understand that by not fulfilling these responsibilities will result in placement of my name on the "Hold List" with the Registration Office preventing me from enrolling next semester.

_____ _____ _____

Student Signature Date Counselor

_____

Social Security Number

Wichita State UNiversity
Student Support Services

Workshop Title: _____

WICHITA STATE UNIVERSITY

Workshop Evaluation
Sponsored by Student Support Services
Date: _____

1. How did you learn about this workshop (check all that apply)?

❑ SSS Newsletter ❑ My Tutor ❑ My Instructor
❑ Flyer ❑ Another Student ❑ Advisor/Counselor
❑ Other (specify: _____)

2. Did this workshop help to improve your knowledge, strategies or skills?

1	2	3
Very Much	Some	Not at all

3. Do you expect to use this information in your education?

1	2	3
Very Much	Some	Not at all

4. Write two important things you learned as a result of attending this workshop.

a. _____

_____

b. _____

_____

5. For our planning of future workshops, what workshop topics or subjects do you suggest?

_____

_____

6. Please include any additional comments below (use the back if necessary).

_____

_____

Ci

Student Support Services
Math Lab Attendance
Verification

Student:_____ WICHITA STATE UNIVERSITY

Date: _____

Time: _____

The student has visited the math lab and made use of the available resources on the date and time shown above.

Comments:

_____
Math Lab Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Student Support Services
Math Lab Attendance
Verification

Student:_____ WICHITA STATE UNIVERSITY

Date: _____

Time: _____

The student has visited the math lab and made use of the available resources on the date and time shown above.

Comments:

_____
Math Lab Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Student Support Services
Math Lab Attendance
Verification

Student:_____ WICHITA STATE UNIVERSITY

Date: _____

Time: _____

The student has visited the math lab and made use of the available resources on the date and time shown above.

Comments:

_____
Math Lab Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

Rev. 2/98

Student Support Services
Math Lab Attendance
Verification

Student:_____ WICHITA STATE UNIVERSITY

Date: _____

Time: _____

The student has visited the math lab and made use of the available resources on the date and time shown above.

Comments:

_____
Math Lab Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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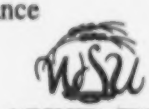
Student Support Services
Writing Center Attendance
Verification



Student: _____

Date: _____

Time: _____

The student has visited the English Writing Center and made use of the available resources on the date and time shown above.

Comments:

_____
English Writing Center Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Student Support Services
Writing Center Attendance
Verification

Student: _____

Date: _____

Time: _____

The student has visited the English Writing Center and made use of the available resources on the date and time shown above.

Comments:

_____
English Writing Center Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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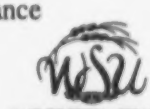
Student Support Services
Writing Center Attendance
Verification



Student: _____

Date: _____

Time: _____

The student has visited the English Writing Center and made use of the available resources on the date and time shown above.

Comments:

_____
English Writing Center Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Student Support Services
Writing Center Attendance
Verification

Student: _____

Date: _____

Time: _____

The student has visited the English Writing Center and made use of the available resources on the date and time shown above.

Comments:

_____
English Writing Center Staff
Date
Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Student Support Services
Study Skill Development
Verification

Student:_____

Date:_____

Time:_____

The student has attended or viewed the following study skill development workshop(s) or video(s). (Check all that apply.)

- ❑ Listening & Notetaking Techniques
- ❑ Tips for Math Success
- ❑ Memory Techniques
- ❑ Learning from Textbook
- ❑ Test-taking Strategies
- ❑ Other (specify) _____

_____
Learning Resource Center Staff
Date

Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

Rev. 5/98

Student Support Services
Study Skill Development
Verification

Student:_____

Date:_____

Time:_____

The student has attended or viewed the following study skill development workshop(s) or video(s). (Check all that apply.)

- ❑ Listening & Notetaking Techniques
- ❑ Tips for Math Success
- ❑ Memory Techniques
- ❑ Learning from Textbook
- ❑ Test-taking Strategies
- ❑ Other (specify) _____

_____
Learning Resource Center Staff
Date

Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

Rev. 5/98

Student Support Services
Study Skill Development
Verification

Student:_____

Date:_____

Time:_____

The student has attended or viewed the following study skill development workshop(s) or video(s). (Check all that apply.)

- ❑ Listening & Notetaking Techniques
- ❑ Tips for Math Success
- ❑ Memory Techniques
- ❑ Learning from Textbook
- ❑ Test-taking Strategies
- ❑ Other (specify) _____

_____
Learning Resource Center Staff
Date

Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

Rev. 5/98

Student Support Services
Study Skill Development
Verification

Student:_____

Date:_____

Time:_____

The student has attended or viewed the following study skill development workshop(s) or video(s). (Check all that apply.)

- ❑ Listening & Notetaking Techniques
- ❑ Tips for Math Success
- ❑ Memory Techniques
- ❑ Learning from Textbook
- ❑ Test-taking Strategies
- ❑ Other (specify) _____

_____
Learning Resource Center Staff
Date

Return to: Student Support Services, 309 Grace Wilkie Hall, Campus Box 81, 978-3715.

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Wichita State University
Student Support Services
Workshop Title: _____
with
Presenter: _____
Date: _____
Time: _____
Place: _____

	Name (print please)	Student Support Services? YES	NO
1.	_____	❑	❑
2.	_____	❑	❑
3.	_____	❑	❑
4.	_____	❑	❑
5.	_____	❑	❑
6.	_____	❑	❑
7.	_____	❑	❑
8.	_____	❑	❑
9.	_____	❑	❑
10.	_____	❑	❑
11.	_____	❑	❑
12.	_____	❑	❑
13.	_____	❑	❑
14.	_____	❑	❑
15.	_____	❑	❑
16.	_____	❑	❑
17.	_____	❑	❑

Student Support Services
STUDY SKILL ADVOCATE
Student Contact Request

WICHITA STATE UNIVERSITY

Please Print

Student Name:_____ Date:_____

Student phone:_____

Best time to call student:_____

Information or skill being requested:

_____

_____

Include comments or additional information that will be helpful in assisting this student below or on back.

Form completed by:_____

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Student Support Services
STUDY SKILL ADVOCATE
Student Contact Request

WICHITA STATE UNIVERSITY

Please Print

Student Name:_____ Date:_____

Student phone:_____

Best time to call student:_____

Information or skill being requested:

_____

_____

Include comments or additional information that will be helpful in assisting this student below or on back.

Form completed by:_____

Rev. 5/98

CC

Student Support Services
Study Skills Advocate
Activities Report

WICHITA STATE UNIVERSITY

_____
Date

Beginning Time:_____ Ending Time:_____

Study Skills Advocate Signature:_____

Student Name	Outcome	Note
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	
	☐No Answer ☐Left Message ☐Spoke w/ Student	

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C7

Student Support Services

Computer/Typewriter Use Log

WICHITA STATE UNIVERSITY

The Metropolitan University

Last Name	First Name	Date	Time used	equipment
Semester	Studer			

::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment
::Last Name	::First Name	Date	Time used	equipment

Total Time u

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TRACKING AND EVALUATION COMPONENT FORMS

Tutor Training Meeting Evaluation

Evaluation of Program Services

Student Evaluation of Tutor

Tutor Evaluation of Student at Mid-semester

Tutor Perception Survey

TRACKING AND EVALUATION COMPONENT FORMS
Description of Forms

Tutor Training Meeting Evaluation - Evaluation completed by Tutors at the conclusion of each Training and Orientation Day asking Tutors to list important concepts they learned, suggest topics for future workshops, and comment on the relevance of the information to their own personal development.

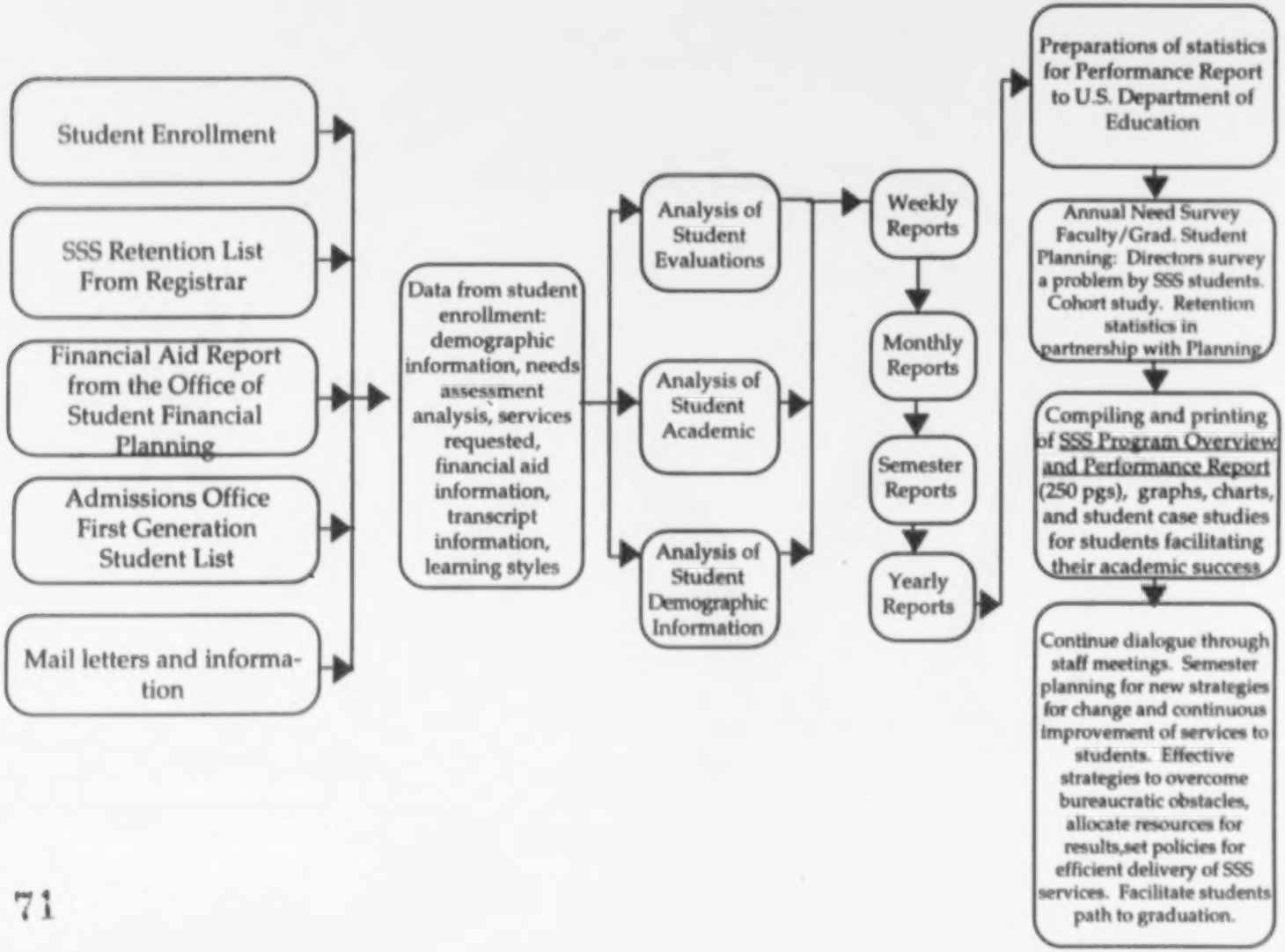
Evaluation of Program Services - Evaluation completed by students at mid-semester or end of semester asking students to identify activities/services of the Program they have benefited from and to provide comments on how the Program could better serve students.

Student Evaluation of Tutor - Evaluation completed by the student at the end of semester to evaluate his/her Tutor on characteristics such as friendliness, courtesy, patience, and punctuality; Tutor's subject area expertise; student's own level of preparation for tutoring; and student's overall satisfaction with his/her Tutor.

Tutor Evaluation of Student at Mid-semester - Evaluation completed by the Tutor providing information on preparation, attitude, effort, and study skills of the student; used as an advising tool during mid-semester conference to make recommendations to the student on ways to improve academic performance.

Tutor Perception Survey - Evaluation completed by Tutors evaluating different aspects of the Program including the Tutor workshops, mid-semester conferences, the office atmosphere, facilities, the professional staff, and tutoring rooms; the survey conducted by the Director allows the Tutors to identify positive and negative perceptions of the Program and provide suggestions for improvement. The Staff Semester Planning meetings use the information from this and other student evaluations to improve the services to students, meeting their changing needs.

Process Chart of Research and Evaluation Component


Student Enrollment
SSS Retention List From Registrar
Financial Aid Report from the Office of Student Financial Planning
Admissions Office First Generation Student List
Mail letters and information
Data from student enrollment: demographic information, needs assessment analysis, services requested, financial aid information, transcript information, learning styles
Analysis of Student Evaluations
Analysis of Student Academic
Analysis of Student Demographic Information
Weekly Reports
Monthly Reports
Semester Reports
Yearly Reports
Preparations of statistics for Performance Report to U.S. Department of Education
Annual Need Survey Faculty/Grad. Student Planning: Directors survey a problem by SSS students. Cohort study. Retention statistics in partnership with Planning
Compiling and printing of SSS Program Overview and Performance Report (250 pgs), graphs, charts, and student case studies for students facilitating their academic success
Continue dialogue through staff meetings. Semester planning for new strategies for change and continuous improvement of services to students. Effective strategies to overcome bureaucratic obstacles, allocate resources for results,set policies for efficient delivery of SSS services. Facilitate students path to graduation.

Student Support Services

TUTOR TRAINING MEETING EVALUATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Session Title: _____

Name of Presenter: _____ Date: _____

1. Write two important concepts that you learned as a result of attending this tutor training session.

   a. _____

   _____

   b. _____

   _____

2. As a result of the information you have received during this session, what further information would you like to receive in the future?

   _____

   _____

   _____

3. Suggest new topics.

   a. _____

   b. _____

4. Was the information in this session relevant and helpful to your work at Operation Success, personal interest and professional development?

Comment: _____

_____

_____

_____

EVALUATION OF PROGRAM SERVICES

The following is a survey by Student Support Services (SSS) to evaluate the services you received during this past semester. **We appreciate the feedback that you provide. Thank you for taking the time to complete this evaluation.**

Semester : _____ Fall _____ Spring _____ Summer

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Please tell us about yourself:

_____ Male _____ Female
Do you work? _____ No _____ On-campus _____ Off-campus
How many hours per week do you work?
_____ 0 _____ 1-9 _____ 10 -19 _____ 20-29 _____ 30-39 _____ 40 or more
How many jobs do you currently hold? _____ 1 _____ 2 _____ 3 or more
Are you _____Single _____Married _____Divorced _____Widowed
Number of Children_____ Age(s) _____
Who encourages you to complete your degree? (check all that apply)
_____ Mother _____ Father _____ Sister/Brother _____ Children
_____ Spouse _____ Friend _____ Grandparent(s) _____ Other
Do you have a specific area where you go to study? _____ Yes _____ No
Is your study area located _____ On campus _____ Off-campus
If you need to use a Typewriter or Computer, where do you go?
_____ Computing Center _____ Home _____ SSS _____ Other
How many semester hours have you completed towards your degree ?
_____ < 30 _____ 30 - 59 _____ 60 - 89 _____ 90 and above
How many semester hours are you currently enrolled in this semester?
_____ 1-5 _____ 6-11 _____ 12-15 _____ > 15

Please put a check in front of the services and activities you felt were of the most benefit to you:

_____ Academic Counseling
_____ Counseling for personal problems
_____ Financial Aid Information and Assistance
_____ Career Guidance / Employment opportunities
_____ Graduate School Information
_____ Tutoring
_____ Computer / Typewriter Usage
_____ Book Usage Program
_____ Cultural Activities
_____ Operation Success Newsletter
_____ workshops at the Reading and Study Skills Center
_____ video or audiotapes at the Reading and Study Skills Center
_____ assistance from the Study Skills Advocate
_____ Other (please specify) _____

(Continued on the back)

Student Support Services-Evaluation of Program Services

Did SSS assist you to:

Stay in school?	____ Yes	____ No
To increase your academic performance?	____ Yes	____ No
Pass a course (i.e. through counseling or tutoring)?	____ Yes	____ No
Solve campus problems by directing you through the proper procedures or by referring you to the appropriate person?	____ Yes	____ No
Improve your G.P.A. after you received services?	____ Yes	____ No
To increase your academic confidence?	____ Yes	____ No
Make friends, join study groups or student associations?	____ Yes	____ No
Know more about financial services/applying for scholarships?	____ Yes	____ No

After joining SSS, do you:

Spend more time doing homework?	____ Yes	____ No
Spend more time studying?	____ Yes	____ No
Spend more time preparing for exams?	____ Yes	____ No
Seek outside (academic or personal) counseling ?	____ Yes	____ No
Manage your time more wisely?	____ Yes	____ No
Talk more with your children/school-age relatives on the importance of school work?	____ Yes	____ No
Limit your TV time?	____ Yes	____ No

Academic / Career:

How often do you keep in touch with your SSS counselor?

____ (fill in) per month ____ (fill in) per semester

How does your counselor keep in touch with you?

____ In-person ____ Telephone ____ Mail ____ Newsletter

After ____ semesters I feel that I will/will not (circle one) be graduating from WSU.

Other schools that you have attended other than WSU:

_____

_____

_____

What is the job you wish to attain after graduation?

_____

And this job is in what field of work? (i.e. business, education, engineering, medical) _____

Are you satisfied with the services that SSS provides?

I am / am not (circle one) satisfied with the overall services of SSS.

I will / will not (circle one) continue with the program next semester.

I will / will not (circle one) recommend SSS to my WSU friends.

When you think of your overall SSS/TRIO experience, the activity that most assisted you to maintain, improve, persist in school, or acquire confidence in yourself was:

____ Academic & Personal counseling

____ Tutoring

____ Cultural activities

____ Educational activities , SSS Workshop series, Book usage program

____ Other (Please specify) _____

Thank you

Student Support Services

STUDENT EVALUATION OF TUTOR

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Tutor Name: _____ Date: _____

Course(s) Tutored: _____ Number of Hours Tutored Each Week: _____

Indicate the appropriate response regarding your Tutor:

	Always	Usually	Sometimes	Never
a. My Tutor is punctual for tutoring sessions	☐	☐	☐	☐
b. My Tutor is available	☐	☐	☐	☐
c. My Tutor is encouraging	☐	☐	☐	☐
d. My Tutor is a good listener	☐	☐	☐	☐
e. My Tutor knows the material for this class	☐	☐	☐	☐
f. My Tutor is dependable	☐	☐	☐	☐
g. My Tutor uses tutoring time appropriately	☐	☐	☐	☐
h. My Tutor explains the material well	☐	☐	☐	☐
i. My Tutor suggests alternative study techniques	☐	☐	☐	☐

Any other comments, positive or otherwise, about your Tutor:

_____

_____

Thank you for your honest responses. You do not have to sign this form. Please return it to your Counselor.

STUDENT EVALUATION OF TUTOR

WICHITA STATE UNIVERSITY

Tutor Name: _____ Date: _____

Course(s) Tutored: _____ Number of Hours Tutored Each Week: _____

Indicate the appropriate response regarding your Tutor:

	Always	Usually	Sometimes	Never
a. My Tutor is punctual for tutoring sessions	☐	☐	☐	☐
b. My Tutor is available	☐	☐	☐	☐
c. My Tutor is encouraging	☐	☐	☐	☐
d. My Tutor is a good listener	☐	☐	☐	☐
e. My Tutor knows the material for this class	☐	☐	☐	☐
f. My Tutor is dependable	☐	☐	☐	☐
g. My Tutor uses tutoring time appropriately	☐	☐	☐	☐
h. My Tutor explains the material well	☐	☐	☐	☐
i. My Tutor suggests alternative study techniques	☐	☐	☐	☐

Any other comments, positive or otherwise, about your Tutor:

_____

_____

Thank you for your honest responses. You do not have to sign this form. Please return it to your Counselor.

TUTOR EVALUATION OF STUDENT AT MIDSEMESTER
Student Support Services-Wichita State University

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Semester/Year: _____
Tutor: _____
Student: _____
Course(s) Tutored: _____

This is a constructive evaluation of the student that you tutor. We would like you to give us an idea of his/her progress.

Preparation	Always	Usually	Sometimes	Never
The student studies the required material.	___	___	___	___
The student completes the necessary homework.	___	___	___	___
The student uses tutoring time appropriately.	___	___	___	___

	Excellent	Good	Fair
Rating of overall preparation	3	2	1

Attitude	Always	Usually	Sometimes	Never
The student is friendly and courteous.	___	___	___	___
The student is patient.	___	___	___	___
The student is attentive.	___	___	___	___
The student willingly participates in the session.	___	___	___	___
The student is on time for the sessions.	___	___	___	___
The student wishes to leave early.	___	___	___	___

	Excellent	Good	Fair
Rating of overall attitude	3	2	1

Effort	Always	Usually	Sometimes	Never
The student is open to learning new study techniques and methods.	___	___	___	___
The student tries again after mistakes.	___	___	___	___
The student makes an effort to improve.	___	___	___	___

Study Skills	Always	Usually	Sometimes	Never
The student has a regular study schedule.	___	___	___	___
The student prioritizes lists and tasks.	___	___	___	___
The student keeps a schedule of assignments and dates.	___	___	___	___
The student manages time and tasks effectively.	___	___	___	___
The student's grades reflect the quality of these study habits.	___	___	___	___

	Excellent	Good	Fair
Rating of overall study skills	3	2	1

Recommendations	Yes	No	Already doing
The student should establish a Plan of Action for studying.	___	___	___
The student should develop a definite study schedule with specific times and dates.	___	___	___
Regarding specific activities:			
The student should increase his/her time studying.	___	___	___
The student should study in a better environment.	___	___	___
The student should find a specific place to study.	___	___	___
The student should be more assertive about studying.	___	___	___
The student should avoid distractions like watching TV while studying, studying in a busy environment, or studying while eating or fatigued.	___	___	___

Comments

What are the student's strengths in completing the course work?

What are the student's weaknesses in completing the course work?

TUTOR PERCEPTION SURVEY

1. **Training - Tutor Orientation and Monthly Meetings**

   Did you find the training you received adequate to complete your job responsibilities? Which topics at training were of the most benefit to you? How could the training be improved?

2. **Paperwork**

   Were directions and reasons for completing the paperwork clearly presented to you? Do you have any suggestions on how the paperwork process or forms could be improved to make the Tutor's job easier?

3. **Tutoring Rooms**

   Are there enough tutoring rooms available for use? Are they equipped satisfactorily? What improvements could be made to the tutoring rooms you use?

4. **Other Facilities**

Are there enough supplemental textbooks, resource guides, computers, and other materials to assist in the tutoring process? What would you like to see added, modified, and /or deleted?

5. **Office Atmosphere**

What kind of atmosphere does the office project? What has been your perception of the office environment to meet your needs as a Tutor? Are there ways to improve the office atmosphere?

6. **Staff**

Director - Have you found the Director to be available and accessible? What is your perception of the management and leadership at Operation Success?

Coordinator for Tutorial Services - Were directions and expectations communicated to you in a clear manner? Were you provided feedback on your job performance?

Program Counselors - How would you characterize your relationship with the other Program Counselors? Were they available and able to provide you with the information you needed to do your job?

Secretary - When you requested the secretary's assistance, how were your requests met? Was the secretary cordial and cooperative?

Other Tutors - Did you feel like you were part of a team of Tutors? Did you have an opportunity to get to know and interact with the other Tutors?

Please add any other comments related to the staff here.

7. **Other Experiences**

Briefly comment on your overall experiences while working for Student Support Services this past year and convey any thoughts not covered in the preceding questions.

Three positive perceptions as to the Program's benefit to yourself and/or to the students.

Three negative perceptions.

Suggestions for improvement.

STAFF FORMS

Student Assistant Application

Tutor Application

Tutor Job Description

Study Skills Advocate Application

Study Skills Advocate Contract

Tutor Applicant Screening Form

Staff Professional Development Activities Report

STAFF FORMS
Description of Forms

Student Assistant Application - Application completed by students applying for Student Assistant position asking for information on office skills, past job experiences, and hours able to work.

Tutor Application - Application completed by students applying for Tutor position asking for information on academic record, familiarity with campus procedures, past tutoring experiences, and areas able to tutor.

Tutor Job Description- Provides information on expectations and responsibilities of Program Tutors. Transcripts must be fixed to the application.

Study Skills Advocate Application Form-Application completed by students applying for Tutor position asking for information on academic record, familiarity with campus procedures, and knwledge of campus study skills resources.

Study Skills Advocate Contract-Contract signed by Study Skills Advocate and his/her supervisor outlining duties and expectations of Study Skills Advocate.

Tutor Applicant Screening Form - Form completed by Program Counselors and Tutor Coordinator evaluating Tutor applicants through the application and interview process identifying the applicant's strengths and weaknesses.

Staff Professional Development Activities Report - Report documenting professional development activities of staff members; includes purpose for attending meetings, conferences and seminars/workshops and a brief synopsis of those activities.

Student Support Services
STUDENT ASSISTANT APPLICATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Semester _____

Name _____ Soc. Sec. No. _____

Address _____

City _____ State _____ Zip _____

Telephone No. Home: _____ Work: _____

Are you enrolled at WSU? Yes No Number of hours enrolled in: _____

Approximate number of hours you can work per week: _____

Are you eligible for work study? _____ Amount awarded, if any: _____

Past job experiences: _____

_____

_____

_____

_____ _____ _____

Computer Skills in: MAC _____ IBM _____

_____

FileMakerPro _____ Graphics _____

What days and times are you available to work at Operation Success? _____

_____

_____

Where else are you employed? _____

_____

Name and phone number of WSU reference _____

TUTOR APPLICATION
Student Support Services, Wichita State University

Name _____ SSN# _____
Address _____ City _____ State _____ Zip _____
Work phone ( ) _____ Home phone ( ) _____
Check one: U.S. Citizen [ ] Permanent Resident [ ] International Student [ ]

Educational Information

Currently enrolled at WSU? _____ Classification _____ Major(s) _____
Overall GPA _____ GPA in Major _____ Graduation Date _____

List extra-curricular activities/organizations in which you have been involved in (campus and community)

_____
_____
_____

List honors or awards you have received (campus and community)

_____
_____
_____

Are you familiar with the following (Write Yes or No)

Pre-Registration	____	Advising Procedures	____
Drop/Add Course Procedure	____	Mid-Semester Reports	____
General Education Curriculum	____	Filing Petitions for Exceptions	____
Financial Aid process	____	Touch 'n Roll Registration	____
		Degree Audit	____

Tutoring

List your tutoring experience: _____
_____
_____

List any other experiences which you feel will qualify you for this position _____
_____

_____Art History	_____Anthropology	_____Biology
_____English	_____Accounting	_____Chemistry
_____French	_____Economics	_____Computer Science
_____German	_____Geography	_____Engineering
_____Spanish	_____Minority Studies	AE ____ IE ____
_____History	_____Political Science	ME____ EE____
_____Music	_____Psychology	_____Geology
_____Philosophy	_____Social Work	_____Math
_____Religion	_____Sociology	_____Physics
_____Speech	_____Women's Studies	_____Statistics
_____Theater		

Are you eligible for Work Study? _____ Are you currently employed on campus? _____
WSU Department _____ Number of hours work at WSU: _____
Name and title of WSU reference

_____
WSU Box # _____ Phone # _____

• • • •

TUTOR JOB DESCRIPTION
STUDENT SUPPORT SERVICES (SSS)
WICHITA STATE UNIVERSITY

Tutors are students at Wichita State University (WSU) with at least a 3.0 GPA. An effort is made to select students who are sensitive to peer needs, are aware of the problems facing first generation and low-income students, and can serve as paraprofessionals and role models for academic success. Tutors are responsible for the delivery of tutorial services to SSS Program students on a one-to-one basis. Tutors report to the Coordinator of the Tutorial and Training Component and have continuous dialogue with the student's counselor. Tutor responsibilities include:

1. Respect and follow the Operational and Unifying Principles of the Student Support Services Program to achieve the goals of the Program.

2. Provide weekly tutoring in at least one subject, to students matched and assigned by the Coordinator of the Tutorial and Training Component.

3. Assist in the development of positive study habits and study skills.

4. Advise students regarding academic support services available at Wichita State University.

5. Complete documentation on each student and submit documentation weekly to the Coordinator of the Tutorial and Training Component for the SSS Program to meet federal requirements.

6. Attend Mid-Semester Counselor-Tutor-Student Conferences and ensure that evaluation forms are completed by students at the end of each semester.

7. Complete time-sheets for each student and submit them to the Coordinator of the Tutorial and Training Component on the dates stipulated.

8. Attend Tutor Training and Orientation at the beginning of each semester and participate in Tutor meetings throughout the year. New Tutors receive training through the WSU - CESP 750E "Tutoring Strategies" course.

9. Ensure continuous improvement of the tutorial process by actively participating in the tutorial component activities.

Benefits of being an SSS Tutor
As a Tutor, you will gain practical experience in:

- Time management
- working in a multi-cultural setting
- organization skills
- contract negotiation
- public relations
- conducting brief meetings
- intercultural communication
- peer counseling
- planning and scheduling skills
- tracking and monitoring student progress
- developing leadership skills
- receive recognition at the Annual Awards Banquet

FOR OFFICE USE ONLY
Date Interviewed _____ Was candidate hired: yes no

Beginning date of work: _____ Remarks _____ Pay Status
( ) Volunteer
( ) Regular

Student Support Services
Study Skills Advocate
Application

To apply submit this application along with one letter of recommendation speaking to the characteristics and skills listed on the reverse side and your most recent transcript of college academic work.

Name:_____ Social Security Number: _____-____-_____

Address:_____ City:_____ State:____ Zip:_____

Home phone:_____ Daytime phone (if different):_____

Citizenship status (check one): U. S. Citizen___ Permanent Resident___ International Student___

Educational Information check the appropriate line
Are you currently enrolled at Wichita State University? ___Yes ___No
What is your current class standing? ___Freshman ___Sophomore ___Junior ___Senior ___Grad.

What is your major?_____

What is your grade point average? Cumulative_____ Major_____

When do you expect to graduate? (semester and year)_____

Personal Background
Describe a situation when you had to develop a new study skill (use a separate sheet if necessary).

Briefly describe any relevant personal or work experiences that you feel qualify you for this position (use a separate sheet if necessary).

Are you eligible for Work/Study money? ___Yes ___No
Are you currently employed on campus? ___Yes ___No
If yes, Department_____ Number of Hours per week _____

I certify that all information provided in conjunction with this application is true and correct to the best of my knowledge. I authorize Student Support Services to have access to my school records for program purposes and understand that these records will be held in strict confidence.

Signature:_____ Date:_____

For more information or to submit an application, contact the Coordinator of Educational Enrichment Activities, Student Support Services, 309 Grace Wilkie Hall, Wichita State University, Wichita, Kansas 67260-0081, telephone (316) 978-3715.

Rev. 5/98

Student Support Services
Study Skills Advocate
Employment Information

The Study Skills Advocate is an integral element of Student Support Services' comprehensive program to assist first generation college students from limited income backgrounds and individuals with disabilities in their transition to college and in increasing their inventory of strategies for success, academic persistence and ultimate graduation from Wichita State University. The Study Skills Advocate is responsible for a variety of outreach and personal contact tasks and must demonstrate background and ability to meet those tasks. Minimum responsibilities include:

1. Identify and contact Program students to advocate their full use of study skill development resources.

2. Assist students to improve reading rate, reading comprehension, textbook reading, time management, listening and note-taking, learning strategies, preparation for exams, test taking techniques, and vocabulary development.

3. Conduct individual conferences with students.

4. Provide Tutors information to effectively employ study skills during tutorial sessions.

5. Provide student evaluations on the impact of study skills development in cooperation with Coordinator of Educational and Cultural Enrichment Activities.

6. Conduct mini-workshops on study skills development in areas identified as critical need from student service requests and evaluations.

7. Complete all required documentation to include but not limited to:
   - Contact forms for student files
   - Activities Report
   - Reports on mini-workshops identifying date, topic, site, student attendance, etc.

8. Perform other duties as required to meet goals and objectives of the Program.

Characteristics and skills to be considered in applicant review process include:

- commitment to the needs of first generation college students from limited income backgrounds;
- ability to work with a diverse population of students and to effectively respond to those students' study skills needs;
- demonstrated effectiveness in implementing study skills strategies (study skill course work preferred);
- at least sophomore standing;
- prefer grade point average of at least 3.0;
- ability to develop and coordinate or present workshops;
- attend tutor training prior to each semester and monthly meetings throughout the semester;
- meet regularly with Coordinator of Educational Enrichment Activities;
- Work 2-10 hours each week in a flexible schedule.

More information and applications are available from:

Coordinator of Educational Enrichment Activities
Student Support Services
309 Grace Wilkie Hall
Wichita State University
Wichita, Kansas 67260-0081
Telephone: (316) 978-3715

Notice of Nondiscrimination

Wichita State University does not discriminate in its programs and activities on the basis of race, religion, color, national origin, sex, age, or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Affirmative Action, Wichita State University, 1845 Fairmount, Wichita, Kansas 67260-00145; telephone (316) 978-3371.

Student Support Services
Program-Study Skill Advocate Contract

WICHITA STATE UNIVERSITY

The goal of Student Support Services is to assist low income and first generation college students and individuals with disabilities to successfully complete their course of study and graduate from Wichita State University. As the Study Skill Advocate your objective is to support students in identifying and using all available study skill resources on the Wichita State University campus.

To ensure that this program objective is realized, we have hired you, _____, to serve in this integral role within the comprehensive program for eligible participants. Study Skill Advocate responsibilities include:

1. Attend and participate in Tutor Training and Orientation at the beginning of each semester and attend Tutor meetings throughout the semester.
2. Attend weekly supervisory meetings with the Coordinator for Educational Activities and Communication Component.
3. Sign in daily and check mailbox in person.
4. Identify and contact Program students to advocate their full use of study skill development resources.
5. Conduct individual conferences with students, as warranted to assist in improvement of reading rate, reading comprehension, textbook reading, time management, listening, note-taking, learning strategies, preparation for exam, test taking techniques, and vocabulary development.
6. Provide Tutors information to effectively employ study skills during tutorial sessions.
7. Provide evaluations to students to assess the impact of study skills development.
8. Provide regular feedback to Program Counselors regarding their students.
9. Complete all required documentation to include but not limited to: Study Skill Development Contact Sheet, Study Skills Advocate Activities Report and reports on workshops.
10. Perform other duties as identified by supervisor to meet the goals of the Student Support Services Program.

The Study Skills Advocate provides a warm, caring voice inquiring of student progress. This role is an important one which requires the ethical and appropriate handling of confidential information. As Study Skills Advocate, you cannot discuss a student's situation with staff or personnel other than those in the employ of Student Support Services. Questions about how best to gather necessary information without breaking confidentiality need to be addressed to the Coordinator of Communication and Educational Enrichment Activities.

I, _____, have read and understand this contract. I commit my services to Student Support Services for a minimum of one semester.

_____	_____	_____
Study Skill Advocate	Date	Program Counselor

Interviewer's Comments Sheet

Applicant Name:_____ Date:_____ Interviewer:_____

Communication Skills:

Clarity of spoken English -

Ability to express of Ideas -

Overall interpersonal behaviour -

Job Compatibility:

Prior Experience -

Interest in Tutoring -

Commitment to Job Responsibilities -

Understanding of student viewpoint-

Ability to resolve conflict resulting from miscommunication

Subject Knowledge -

Tutoring Skills:

One-to-One Interaction to empower student-

Ability to Involve student in the learning process-

Willingness to listen to students -

Ability to ask questions in a non-threatening manner-

Understanding that a role of a tutor includes the improve ment of each student's grade.

Would you recommend this applicant? YES NO

Other Comments:

STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES REPORT

Name of Conference: _____

Dates: _____

Purpose of Attending: Conference-Meeting-Workshop-Small Group Meeting-Seminar-Dept. of Education Seminar-NCEOA-MAEOPP-MO-KAN-NE-other

Provide a brief synopsis of each session attended:

Title: _____

Presenter: _____

Synopsis:

Attached please find a brief overview for the Program Report.

_____

Name Signature/Initial Date

COMPUTER DATABASES

Main Student File

Current Students File

Prior Participants File

Alumni/Graduates File

Counselor Contact Data Entry

COMPUTER DATABASES
Description of Forms

Main Student File - Database for tracking all students enrolled in the Program; includes demographic information and academic information for ten years following their initial enrollment.

Current Students File- Database for tracking students currently receiving services; includes information on financial aid, services requested and received, and academic progress.

Prior Participants File- Database for tracking students who received services within the past five years, but not currently enrolled in the Program; includes information on academic progress.

Alumni/Graduates File- Database for tracking alumni of the Program who continue to maintain contact and provide support for the Program; includes degrees received and employment information.

Counselor Contact Data Entry- Database used to record specific information regarding counseling contacts made with students. Information is recorded regarding the type and duration of contacts as well as counseling information.

Main Menu

Student Support Services

MAIN STUDENT FILE -ENROLLMENT INFORMATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

Photo

SSN SSN Other Name Other Name

Last Name Last Name First Name First Name MI MI

Street Street

City City State Stat County Cou Zip Zip

HP Home Phone Work Phone Work Phone

Contact Person Contact Person

Street C.P. Street

City C.P. City State C.P. State Zip C.P. Zip

Phone C.P. Phone

Birthdate Birthdate

Citizenship Status Citizenship Status

Ethnicity Ethnicity

Gender Gender

Class of Acceptance Class of Acceptanc Previous TRIO Previous TRI

Eligibility Criteria Eligibility Crite

Academic Need Academic Need

Academic Need (old)

Date of Acceptance Date of Acceptance Grant Year of Acceptance nce 1 - nce 2

SSS Counselor Counselor

Major Major Course Load Course Load

First Semester at WSU First Semest Incoming Freshman Incoming Freshma

Target Graduation Date Target Graduation Transfer Student Transfer Student

---

Visual Language Visu Visual Number Visu

Auditory Language Aud Auditory Number Aud

Auditory/Visual Kinesthetic Aud Individual Learner Indi

Group Learner Gro Expressiveness - Oral Exp

Expressiveness - Written Exp

Current Status Current Status

File Location File Location

Last Grant Year in SSS LSSS 1 - LSSS 2 Number of Years in SSS Numbe

Modification Date Modification Date

Student Support Services

MAIN STUDENT FILE- TRANSCRIPT INFORMATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

SSN SSN Counselor Counselor

Last Name Last Name First Name First Name

Operation Success Record

Grant Year	Semesters at WSU	Beginning Class	Beginning GPA	Beginning Status	Ending Class	Ending GPA	Ending Status	Fin Aid	Services
Year 1a - Year 1b	Semesters	Beg	GPA 1	Beg Stat	End	GPA 1	End Stat	Fin Aid 1	Services 1
Year 2a - Year 2b	Semesters	Beg	GPA 2	Beg Stat	End	GPA 2	End Stat	Fin Aid 2	Services 2
Year 3a - Year 3b	Semesters	Beg	GPA 3	Beg Stat	End	GPA 3	End Stat	Fin Aid 3	Services 3
Year 4a - Year 4b	Semesters	Beg	GPA 4	Beg Stat	End	GPA 4	End Stat	Fin Aid 4	Services 4
Year 5a - Year 5b	Semesters	Beg	GPA 5	Beg Stat	End	GPA 5	End Stat	Fin Aid 5	Services 5
Year 6a - Year 6b	Semesters	Beg	GPA 6	Beg Stat	End	GPA 6	End Stat	Fin Aid 6	Services 6
Year 7a - Year 7b	Semesters	Beg	GPA 7	Beg Stat	End	GPA 7	End Stat	Fin Aid 7	Services 7
Year 8a - Year 8b	Semesters	Beg	GPA 8	Beg Stat	End	GPA 8	End Stat	Fin Aid 8	Services 8
Year 9a - Year 9b	Semesters	Beg	GPA 9	Beg Stat	End	GPA 9	End Stat	Fin Aid 9	Services 9
bar 10a - bar 10b	Semesters	Beg	GPA 10	Beg Stat	End	GPA 10	End Stat	Fin Aid 1	Services 10

continued on More Transcript Information

Current Participants

Year 1 - Year 2	=Semester	=Be	g GPA	=Beginnir	=En	g GPA	=Ending S	=Receiv	=Services Received

Last Status ::Last Status

Last Contact ::Last Contact Date

Prior Participants

Year 1 - Year 2	=Semester	=Be	g GPA	=Beginnir	=En	g GPA	=Ending S

Last Status ::Last Known Status

Last Contact ::Last contacted date

Last Grant Year in SSS SSS 1 - SSS 2 Number of Years in SSS Number o

Last WSU Enrollment Last WSU Enrollr

Graduation

Associate Degree Associate Degr Date A.D. Date

Bachelors Degree Bachelors Deg Date B.D. Date Honors Degree Honors

Other Degree Other Degree Date O.D. Date

Current Status Current Status

File Location File Location

Student Support Services

CURRENT STUDENTS- General Information

Main Menu

WICHITA STATE UNIVERSITY

The Metropolitan Advantage

Grant Year Grant - Grant

::Photo

SSN SSN

Last Name ::Last Name First Name ::First Name MI ::MI

Street ::Street

City ::City County ::Co State ::State Zip ::Zip

HP ::Home Phone Work phone ::Work Phone

Birthdate ::Birthdate Gender ::Gender

Citizenship Status ::Citizenship Status

Ethnicity ::Ethnicity

Transcript Information

Counselor ::Counselor First Contact for Year First Contact fo

Date of Acceptance ::Date of Acceptance Previous TRIO ::Previous TRIO

Eligibility Criteria ::Eligibility Criteria

Academic Need ::Academic Need

Address and Telephone (for folder)

Major ::Major Pre Professional ::Pre

Course Load ::Course Load Target Graduation Date ::Target Graduatio

Services Requested

Services Received

LEARNING STYLES

Visual Language ::V

Auditory Language ::A

Auditory/Visual Kinesthetic ::A

Group Learner ::G

Expressiveness - Written ::E

Visual Number ::V

Auditory Number ::A

Individual Learner ::In

Expressiveness - Oral ::E

Registrar Tag ::rt

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STUDENT SUPPORT SERVICES

CURRENT STUDENTS- TRANSCRIPT INFORMATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

SSN SSN | Grant Grant

Last Name ::Last Name | First Name ::First Name

Program Counselor ::Counselor | Home phone ::Home Phone

First Contact for Year First Contact | Work phone ::Work Phone

Date of Acceptance ::Date of Acc ::Grant Year of Ac

Main Menu

Enrollment Information

Address and Telephone (for folder)

Services Requested

Services Received

Transcript

	Class	GPA	Status
Beginning	Class	ng GPA	Status
Fall	Class	all GPA	Status
Spring	Class	ng GPA	Status
Summer	Class	er GPA	Status
Ending	Class	ng GPA	Status

Select Code: Se

Semesters at WSU: Semester at W

Course Load: ::Course Loa

GPA Change: Change

(Indicate semester)

Downslip: Downslip

Probation: Probation

Dismissed: Dismissed

SSS Honor Roll: OS Honor Roll

Academic Commendation: Academic Commendation

Dean's Honor Roll: Dean's Honor Roll

Last Status: Last Status

Last Contact Date: Last Contact Date

Associate Degree ::Associate De | Date ::A.D. Date

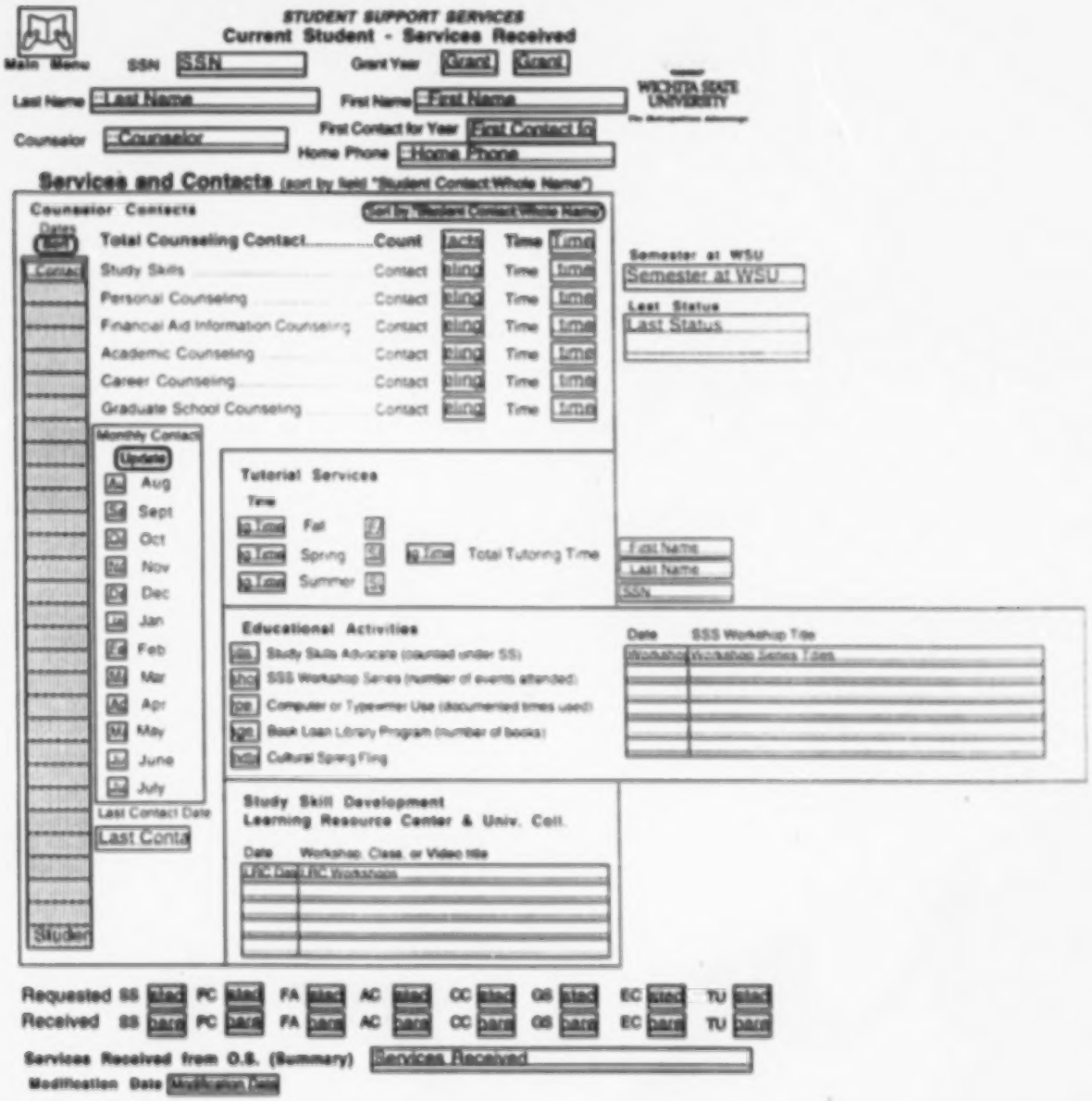
Bachelor Degree ::Bachelors D | Date ::B.D. Date

Other Degree ::Other Degre | Date ::O.D. Date

Honors ::Degree Honors

Modification Date: Modification Date

Student Support Services
Current Students- Services Received



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Student Support Services

PRIOR PARTICIPANTS-GENERAL INFORMATION

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

SSN SSN Grant Year Grant Grant

Last Name ::Last Name First Name ::First Name

Street ::Street

City ::City County ::Co State ::State Zip ::State

Home phone ::Home Phone Work phone ::Work Phone

Main Menu

Contact Person Contact Person

Street C.P. Street

City C.P. City State C.P. Zip C.P. Zip

Phone C.P. Phone

New Record

Birthdate Birthdate Citizenship Status Citizenship Status

Ethnicity Ethnicity Gender Gender

Grant Year of Acceptance 1 ::Grant Year

Counselor Counselor Date of Acceptance ::Date of Accep

Eligibility Criteria Eligibility Criteria Last Grant Year in Program ::Last - ::Last

Academic Need ::Academic Need

Major ::Major Pre professional Pre pf

SSN ::Last Name ::First Name

Find

Academic

	Class	GPA	Status
Beginning	Class	bg GPA	Status
Fall	Class	all GPA	Status
Spring	Class	bg GPA	Status
Summer	Class	er GPA	Status
Ending	Class	bg GPA	Status

Semesters at WSU: Semesters at WSU

Course Load: ::Course Loa

Sort

Print

Associate Degree ::Associate De Date ::A.D. Date

Bachelor Degree ::Bachelors De Date ::B.D. Date

Other Degree ::Other Degree Date ::O.D. Date

Honors ::Degree Honors

Last Known Status Last Known Status

Last Contacted Date Last contacted date

Last Semester at WSU ::Last WSU Enrollmer File Location ::File Location

Modification Date Modification D ::Current Status

Student Support Services

ALUMNI/GRADUATES

Menu

WICHITA STATE UNIVERSITY

The Metropolitan Advantage

SSN: SSN

Last Name: Last Name First Name: First Name

Street: Street

City: City State: State Zip: Zip

Home Phone: Home Phone Work Phone: Work Phone

Birthdate: Birthdate Gender: Gender

Ethnicity: Ethnicity Eligibility: Eligibility

Date of Acceptance: Date of Accept Class of Acceptance: Class of Acceptance

Grant Year of Acceptance: Grant Ye - Grant Ye Last Grant Year in SSS: Last Gra - Last Gra

Associate Degree: Associate Degree Date: Associate Date

Bachelor Degree: Bachelor Degree Date: Bachelor Date

Other Degree: Other Degree Date: Other Date

Last Semester at WSU: Last Semester at V

Job Title/Occupation: Job Title/Occupation

Company: Company

Address: Company Address

City: Company City State: Comp Zip Code: Company Zip

Phone: Company Phone

Notes: Notes

File Location: File Location

Modification Date: Modification Date

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Student Support Services

Counselor Contact Data Entry

Instructions:

1. Enter SSN, Contact Date, Counselor ID, Contact Type.
2. Put approx. time (tenths of hour) for each service provided.
3. If recording contact with tutor or other resource about student, leave counseling time blank.
4. Type Contact Notes.
5. Press ⌘-1 when done.

WICHITA STATE UNIVERSITY
The Metropolitan Advantage

SSN SSN Last Name ::Last Name First Name ::First Name

Contact Date Contact D Counselor ID Counselor ID

○ In-person ○ Telephone SS SS PC PC FA FA AC AC CC CC GS GS Counseling time Couns

Counselor Notes: Counselor Notes

Press ⌘-1 to run "Whole Name" Data Entry script when done with this record

Whole name auto-entered by script: Whole name

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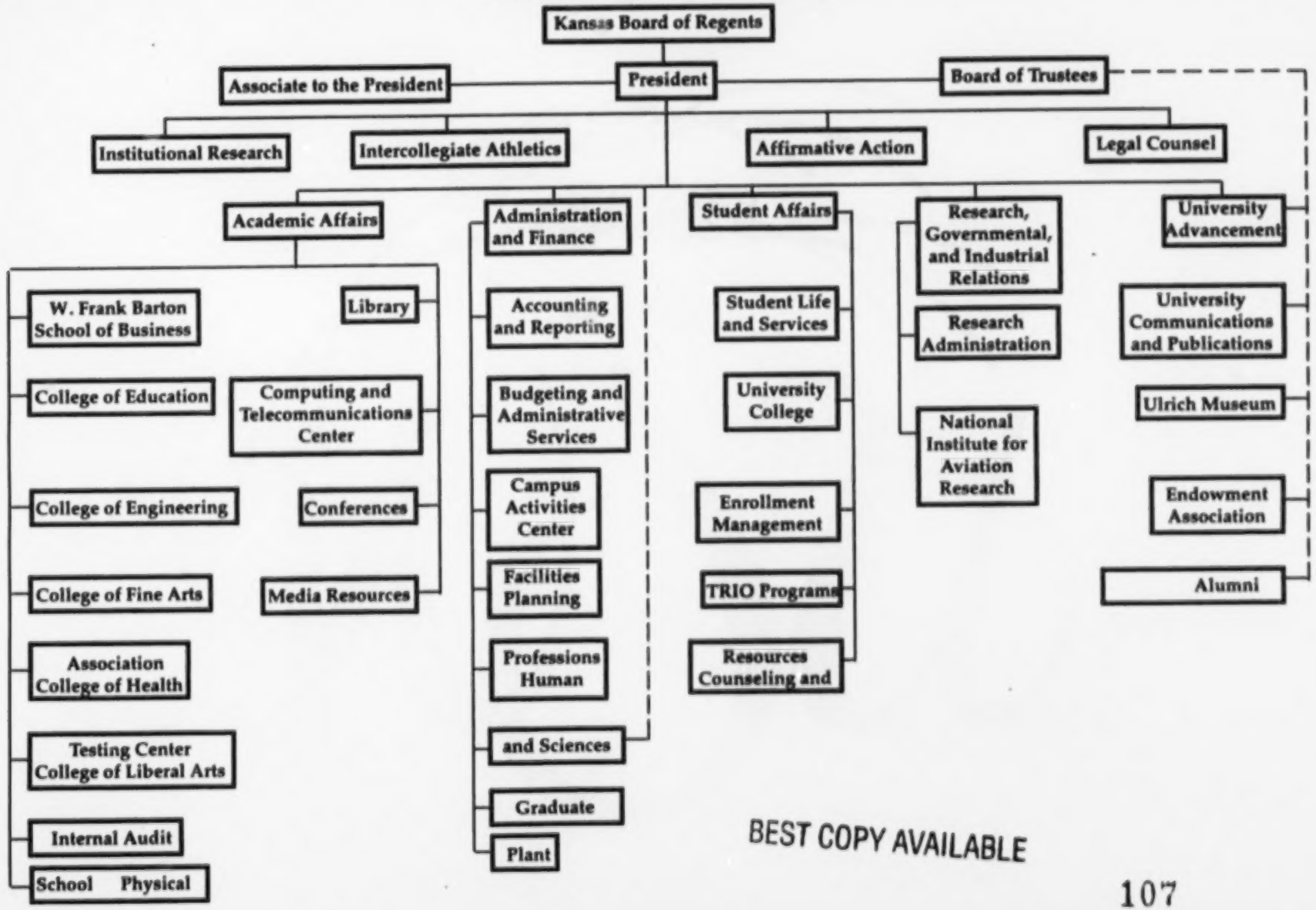
STAFF PERFORMANCE ASSESSMENT

Wichita State University Organizational Chart

Assessment of Staff Performance Narrative

Job Performance Agreements- Program Director, Assistant Director/Program Counselor, Program Counselor, Statistician/Program Counselor

Wichita State University



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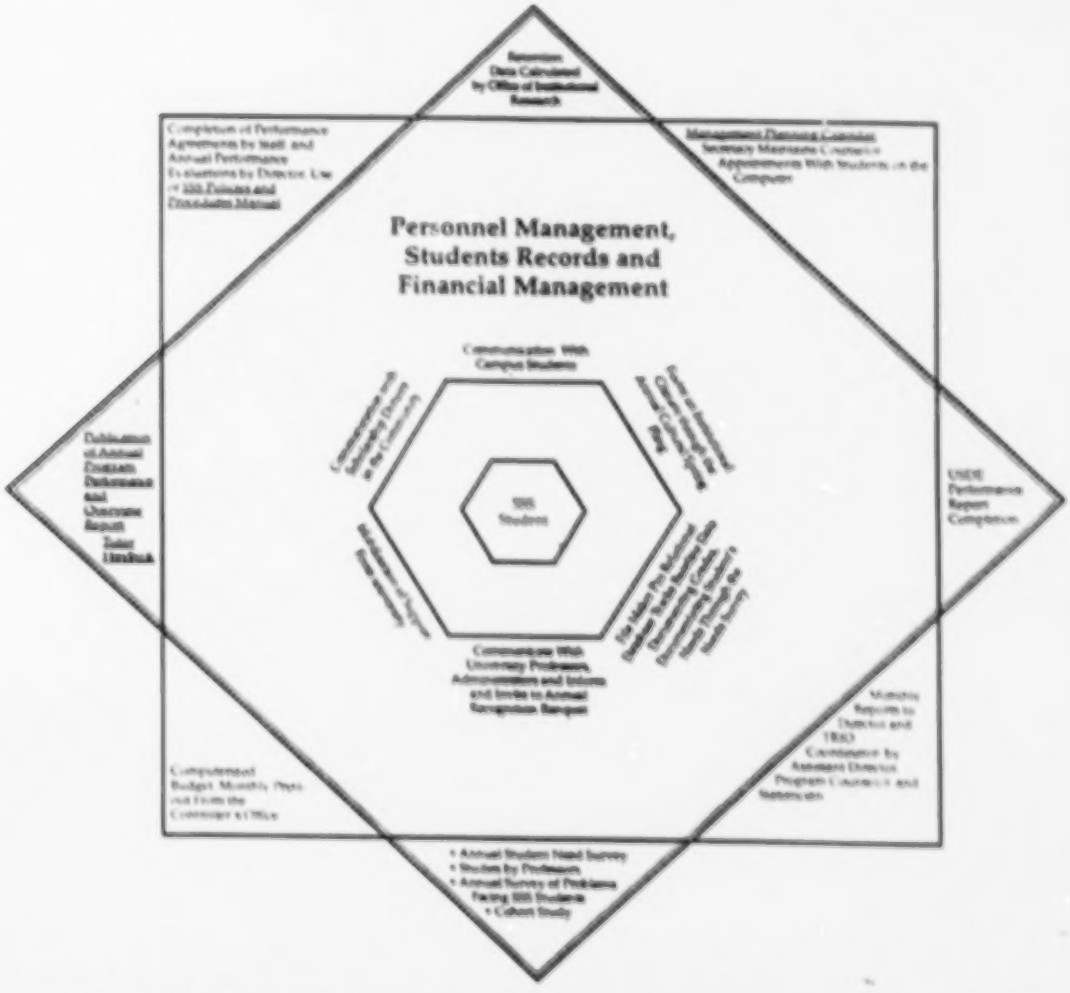
Assessment of Staff Performance

The Program's team consists of five professional staff members. Staff members have a student counseling load as well as administer a Program Component. This approach results in a substantial workload for each staff member. Each professional staff member manages work load as well as organizing, collaborating, communicating, advising and counseling students throughout the work day. The secretary maintains calendars for all the professional staff and puts all student appointments on the computer, while attending to daily correspondence and fulfilling secretarial duties.


Personnel Management, Students Records and Financial Management
Communication With Campus Students
SSS Students
Communicate With University Professors, Administrators and Inform and Invite to Annual Recognition Banquet
Completion of Performance Agreements by Staff and Annual Performance Evaluations by Director Use of SSS Policies and Procedures Manual
Management Planning Calendar Secretary Maintains Calendars Appointments With Students on the Computer
Publication of Annual Program Performance and Outcome Report Submit Handbook
UNEH Performance Report Completion
Monthly Reports to Director and TRIO Coordinator by Assistant Director Program Counselors and Secretaries
Computerized Budget Monthly Data
• Annual Student Need Survey
• Student Exit Profile
• Annual Survey of Problems Facing SSS Students
• Cohort Study

The professional staff members receive on-going feedback of their performance appraisals are conducted annually. The Assistant Vice President for Student Affairs evaluates the Director and the Director evaluates each of the professional staff members. The Job Performance Agreements

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are formulated in conjunction with the job description of each staff member, with specific assign ments and responsibility for each Program activity. If a person is directly responsible for disappointing results, a negative evaluation may cost the withholding of salary increase or a non-renewal of the annual job contract. The job tasks are clearly indicated and each staff member understands the work to be performed and completed each month during the Grant Year.

Prior to each monthly staff meeting, all staff members are provided with the agenda (enabling staff members to add their concerns to the agenda). In the event that the immediate attention of the staff is needed, the matter is discussed concerning a change in the efforts to be made or to modify work procedures for the activity. Who will be responsible for activating the changes is also decided during the meeting. These activities allow the full staff to participate in decisions. A detailed plan has been developed to administer the Program.

A high quality, comprehensive plan has been developed to administer all aspects of the Program. All SSS staff make a team effort to ensure proper and efficient operation of the Program to provide services to student participants.

Job Performance Agreement

Position: Program Director Program: Student Support Services Grant Year: 1997-2001

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
1. **Administration and Management**		45%	
A. Select, hire, and train qualified Program personnel.[1]	Sept.-Aug.		
B. Conduct staff training and orientation and provide opportunities for professional development.	Sept.-Aug.		
C. Conduct monthly staff meetings.	Sept.-Aug.		
D. Establish procedures to select 250 students for Program participation, verify student eligibility, and maintain compliance with Federal requirements.	Sept.-Aug.		
E. Establish procedures to determine student need for academic support.	Sept.-Aug.		
F. Ensure that the institution provides financial aid resources for Program participants by offering sufficient financial assistance to reduce the students dependence on loans.	Sept.-Aug.		
G. Maintain an effecient management and record keeping system to collect, analyze, retrieve, and preserve confidentiality of the Program data.	Sept.-Aug.		
H. Contribute to administrative and academic policies at the University that especially affect SSS students' chances of completing a degree program.	Sept.-Aug.		
I. Maintain cooperation and interaction among the Program and University departments to foster a campus climate supportive of the success of first generation, low income students.	Sept.-Aug.		
J. Serve as liaison to community leaders, multicultural associations, and community agencies.	Sept.-Aug.		
K. Implement Total Quality Management principles that can be appropriately applied to the Program.	Sept.-Aug.		

[1] Page numbers refer to those in the 1997-2001 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

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Job Performance Agreement

Position: Program Director Program: Student Support Services Grant Year: 1997-2001

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
L. Be the primary faculty member responsible for the course "Tutoring Strategies CESP 750E" through the College of Education on the campus, grading reports, projects and submit grades to the Registrar.	Sept.-Aug.		
2. **Program Activities**		15%	
A. Supervise activities of the three components: the Tutorial and Training Component, Communication and Educational Enrichment Activities Component, and the Tracking and Evaluation Component.	Sept.-Aug.		
B. Organize the recruitment of students who meet eligibility requirements of the Program.	Sept.-Aug.		
C. Establish procedures to determine student need for academic support.	Sept.-Aug.		
D. Assist students to secure admission to graduate and professional programs.	Sept.-Aug.		
3. **Evaluation Procedures**		13%	
A. Execute management plan to monitor the achievement of Program goals measurable objectives.	Sept.-Aug.		
B. Complete and submit Performance Reports to the U. S. Department of Education 90 days after each grant period.	Nov.		
4. **Fiscal Operations**		25%	
A. Maintain effective fiscal management, comply with WSU and State of Kansas fiscal policies; and assume overall responsibility as the Budget Officer for the Program.	Sept.-Aug.		

[1] Page numbers refer to those in the 1997-2001 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Director Program: Student Support Services Grant Year: 1997-2001

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
B. Maintain an effective budget, bookkeeping and forecasting system following institutional and State of Kansas guidelines; act as liaison with Office of Research Administration and WSU Budget office.	Sept.-Aug.		
C. Establish procedures for fiscal management to meet external and internal audits.	Sept.-Aug.		
D. Follow institutional procurement procedures in purchasing supplies, equipment, and other services.	Sept.-Aug.		
E. Maintain internal controls and accountability standards for grant funds.	Sept.-Aug.		
F. Assure travel funds are used only for trips approved in the budget.	Sept.-Aug.		
G. Maintain accurate records of property and ensure that physical inventories are taken at least once every two years.	Sept.-Aug.		
H. Write proposals and mini-grants for scholarships.	Sept.-Aug.		
5. **Other Activities**		2%	
A. Plan, coordinate, and execute the 18th through 22nd SSS Awards and Recognition Banquet	May		
B. Compile, organize and print the annual Program Overview and Performance Report.	Sept.-Aug.		
C. Maintain membership in the reciprocal TRIO associations: MAEOPP and MO-KAN-NE.	Sept.-Aug		
D. Perform other duties as required to meet goals and objectives of the Program.	Sept.-Aug.		

[1] Page numbers refer to those in the 1997-2001 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Director Program: Student Support Services Grant Year: 1997-2001

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
I have read the job description and agree to perform the responsibilities stated above during the next Grant Year.			
_____ Signature	Date		

[1] Page numbers refer to those in the 1997-2001 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Director Program: Student Support Services Grant Year: 1997-2001

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
Recommended Goals for the Director			
A. Summary of the Assistant Vice President for Student Affairs/TRIO Coordinator's recommendations:			
B. I have met with the Director throughout the past year/period to review her performance and have provided the opportunity to present documentation of performance.			
_____ Assistant Vice President for Student Affairs/TRIO Coordinator	_____ Date		
Action and/or comments by Director (check is appropriate)			
I have reviewed this report and have been given the opportunity to discuss it with the Assistant Vice President for Student Affairs/TRIO Coordinator. _____			
I have attached a written response to this report (optional) _____			
_____ Director	_____ Date		

[1] Page numbers refer to those in the 1997-2001 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Assistant Director/Program Counselor and Coordinator of Tutorial Component Program: Student Support Services Fiscal Year: 1995-1996

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
1. **Supervision**		25%	
A. Coordinate program activities in the absence of Program Director. [1]	Sept.-Aug.		
B. Supervise the coordination of job notices, applications, and hiring procedures.	Sept.-Aug.		
C. Identify, select, interview, and recommend Tutor applicants to the Director for hiring.	Sept.-Aug.		
D. Plan and execute the two-day Tutor Training and Orientation Program at the beginning of each semester and the continuous training of tutors through the university course "Tutoring Strategies CESP 750E."	Sept.-Aug.		
E. Supervise New and Advanced Tutor performance through evaluative procedures.	Sept.-Aug.		
F. Coordinate activities for continuous improvement of of Tutorial and Training Componen	Sept.-Aug.		
2. **Student Tracking**		5%	
A. Select prospective students to ensure service to 250 students each grant year.	Sept.-Aug.		
B. Assess academic need of students and develop individualized plan of support.	Sept.-Aug.		
C. Verify student aid package and maintain financial aid information in student files.	Sept.-Aug.		

1 Page numbers refer to those in the 1993-1997 Proposal.

2 Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Assistant Director/Program Counselor and Coordinator of Tutorial Component Program: Student Support Services Fiscal Year: 1995-1996

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
3. **Support Services** A. Enroll and qualify students by obtaining federally funded required documentation and ensure 2/3 of		25%	
Advise students on academic probation (pp. 27B, 82)	Sept.-Aug.		
B. Inform students of academic skill building resources (pp. 27C, 83)	Sept. Jan.		
C. Disseminate information about WSU-sponsored interviewing and job search workshops (pp. 27S, 83)	Sept.-Aug.		
D. Assist graduating seniors with job search skills (pg. 27S)	Sept.-Aug.		
E. Provide counseling in the following areas: academic advising, personal and graduate school (pp. 27R, 82)	Sept.-Aug.		
F. Assist with academic/eduational development and personal development planning (pg. 83)	Sept.- Aug.		
G. Assist students to receive guidance counseling during crisis situations (pg. 27I)	Sept.-Aug.		
H. Conduct mid-semester student-tutor-counselor conferences	Oct. Mar. Jul.		
4. **Academic Advising and Counseling** A. Meet with each student to conduct monthly counseling sessions (pp. 27B, 82)	Sept.-Aug.	25%	
B. Provide scholarship information and applications (pp. 24, 27H)	Nov. Apr. Jul.		

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1 Page numbers refer to those in the 1993-1997 Proposal.

2 Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Assistant Director/Program Counselor and Coordinator of Tutorial Component Program: Student Support Services Fiscal Year: 1995-1996

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
5. **Evaluation**		10%	
A. Collect demographic data on program students: gender, race and eligibility (pg. 83)	Sept.-Aug.		
B. Ensure completion of program and tutor evaluation instruments (pp. 27R, 83)	Sept.-Aug.		
C. Ensure 1/3, 2/3 eligibility (pg. 82)	Sept.-Aug.		
D. Monitor the academic progress and financial aid of students (pg. 82)	Sept.-Aug.		
E. Maintain student and tutor information on back-up disks (pg. 103)	Sept.-Aug.		
F. Provide narrative description of all program and professional development activities (pg. 102)	Sept.-Aug.		
G. Complete case studies on students (pg. 83)			
6. **Other Activities**		10%	
A. Assist in planning and coordinating educational and cultural enrichment activities (pp. 83)	Sept.-Aug.		
B. Support minority and ethnic organizations on campus (pg. 83)	Sept.-Aug.		
C. Attend academic advising workshops and professional development activities including membership in MAEOPP and MO-KAN-NE (pp. 83)	Sept.-Aug.		
D. Coordinate Program Scholarship programs (pg. 103)	Oct.		
E. Assist with press releases and other publicity on program activities (pg. 83)	Sept.-Aug.		

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1 Page numbers refer to those in the 1993-1997 Proposal.

2 Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Assistant Director/Program Counselor and Coordinator of Tutorial Component Program: Student Support Services Fiscal Year: 1995-1996

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
6. **Other activities contd.**			
f. Commit to the purpose and mission of the University's Quality process and VEOP's goals and objectives	Sept.-Aug.		
g. Maintain extensive knowledge of the program and stay informed of new and innovative techniques in the field	Sept.-Aug.		
h. Some travel to conferences and oral presentations may be required	Sept.-Aug.		

I have read the job description and agree to perform the responsibilities stated above during the next Grant Year.

Signature Date

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[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Assistant Director/Program Counselor and Coordinator of Tutorial Component Program: Student Support Services Fiscal Year: 1995-1996

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
Recommended Goals for the Assistant Director/Program Counselor			
A. Summary of Director's recommendations:			
B. I have met with the Assistant Director/Program Counselor throughout the past year/period to review her performance and have provided the opportunity to present documentation of performance.			
Director	Date		
Action and/or comments by Assistant Director/Program Counselor (check is appropriate)			
I have reviewed this report and have been given the opportunity to discuss it with the director. _____			
I have attached a written response to this report (optional) _____			
Assistant Director/Program Counselor	Date		

1 Page numbers refer to those in the 1993-1997 Proposal.

2 Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Counselor and Coordinator of Educational and Cultural Enrichment Activities Program: Student Support Services Fiscal Year: 1996-1997

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
1. **Student Recruitment and Enrollment**		13%	
a. Assisting in the recruiment of prospective students to ensure service to 250 students annually (pp. 27A, 84)[1]	Sept.-Aug.		
b. Enroll new and continuing students (pg. 84)	Sept.-Aug.		
c. Ensure complete documentation of eligibility (pp. 27A, 84)	Sept.-Aug.		
d. Assess need for academic support (pp. 27B, 84)	Sept.-Aug.		
e. Maintain individual student load of 150 students annually	Sept.-Aug.		
f. Develp student program participation goals and inform students of services available to meet those goals (p. 27B)	Sept.-Aug.		
2. **Provide Counseling and Support Services**		50%	
a. Monitor progress toward meeting goals of student participation and identify services and plan for meeting those goals on a semesterly basis (p. 27B)	Sept.-Aug.		
b. Request a tutor as necessary to meet goals (p. 27E)	Sept.-Aug.		
c. Provide counseling and referral when appropriate in the following areas: academic counseling, financial aid information and technical assistance; graduate school counseling; personal counseling; career counseling; and study skill development (pp. 27B, 27I, 27J, 27K, 84)	Sept.-Aug.		
d. Maintain contact with students throughout the academic year: monthly meetings, mid-semester student-tutor-counselor conferences (pp. 27B, 27K, 84)	Sept.-Aug.		

[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

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Job Performance Agreement

Position: Program Counselor and Coordinator of Educational and Cultural Enrichment Activities Program: Student Support Services Fiscal Year: 1996-1997

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
e. Disseminate information about Program activities; campus programs, and study skill development opportunities to meet student participation goals (pp. 27C, 27J, 84)	Oct., Mar., Jul.		
f. Give priority to monitoring students on academic probation or who have been academically dismissed (pp. 27B, 84)	Nov., Apr., Jul.		
g. Meet and discuss with tutors monitoring of student performance in tutored course. Examine Tutor Tracking Report to discuss student progress (p. 27E)	Sept.-Aug.		
3. **Coordinate Educational and Cultural Enrichment Activities**		15%	
a. Educational Enrichment Activities to include:			
•Typewriter and Computer Use; Contact sheet into the student folder(p. 27M)	Sept.-Aug.		
•Book Usage Program; Contact sheet into the student's folder (p.84)	Sept.-Aug.		
•Advocacy of Study Skilly Development (p. 27M)	Sept.-Aug.		
b. Cultural Enrichment Activities			
•Cultural Spring Fling (p. 270)	May		
c. Document through narrative description activities of Educational and Cultural Enrichment Component (p. 27S)			
4. **Evaluation**		5%	
a. Collect demographic data on program participants: gender, race and eligibility (pp. 27Q, 27R)	Dec., Apr.		

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[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Counselor and Coordinator of Educational and Cultural Enrichment Activities Program: Student Support Services Fiscal Year: 1996-1997

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
b. Ensure completion of program and tutor evaluation instruments (pp. 27F, 84)	Oct.-Nov. Mar.-Apr. Jul.		
c. Determine reasons for non-passing grades in tutored courses (pg. 27F)	Dec., May, Aug.		
d. Conduct continuous evaluation of tutorial component activities (pp. 27R, 84)	Sept.-Aug.		
e. Conduct continuous evaluations of educational and cultural enrichment activities (pp. 27M, 27R, 27S)	Sept.-Aug.		
f. Provide narrative description of all program related and professional development activities pp. 27S, 84)	Sept.-Aug.		
g. Complete case studies (pg.84)	Jun.-Jul.		
h. Compile reports of program activities (pp. 27Q, 27S)	Sept.-Aug.		
i. Evaluate students grades in Reading and Study Skills (pg. 27M)	Sept.-Aug.		
5. Other Activities		15%	
a. Coordinate educational and cultural enrichment activities including publicity (pp. 27M, 27N, 27O, 27S)	Sept.-Aug.		
b. Plan and coordinate Cultural Spring Fling (pg. 27O)	May		
c. Support minority and ethnic organizations on campus (pp. 27P, 84)	Sept.-Aug.		
d. Support Multicultural Resource Center (pg. 27P)	Sept.-Aug.		
e. Attend academic advising workshops and professional			

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[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Counselor and Coordinator of Educational and Cultural Enrichment Activities Program: Student Support Services Fiscal Year: 1996-1997

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
development activities to include active membership in MAEOPP and MO-KAN-NE (pp. 27I, 84)	Sept.-Aug.		
f. Coordinate Book Usage Program (pg. 84)	Sept.-Aug.		
g. Coordinate Program publicity (pg. 84)	Sept.-Aug.		
h. Assist Assistant Director to facilitate transfer of two-year college students to WSU (pg. 84)	Sept.-Aug.		

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I have read the job description and agree to perform the responsibilities stated above during the next Grant Year.

Signature Date

[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Program Counselor and Coordinator of Educational and Cultural Enrichment Activities Program: Student Support Services Fiscal Year: 1996-1997

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
Recommended Goals for the Program Counselor			
A. Summary of Director's recommendations:			
B. I have met with the Program Counselor throughout the past year/period to review his performance and have provided the opportunity to present documentation of performance.			
Director	Date		
Action and/or comments by Program Counselor (check is appropriate)			
I have reviewed this report and have been given the opportunity to discuss it with the director. ____			
I have attached a written response to this report (optional) ____			
Program Counselor	Date		

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[1] Page numbers refer to those in the 1993-1997 Proposal.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Statistician/Program Counselor Program: Student Support Services Fiscal Year: 1996-1997
Coordinator of Research and Evaluation Component

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
1. **Program Counselor**		30%	
A. Enroll 50 students: obtain eligibility documentation, assess academic need, develop plan of support (pg. 27A, 27B)[1]	Sept.-Aug.		
B. Monitor student academic progress and encourage academic excellence (pp. 27B, 27C)	Sept.-Aug.		
C. Conduct monthly meetings with students to provide academic advising, financial aid counseling and information, career guidance, and personal counseling (pg. 27B)	Sept.-Aug.		
D. Monitor students on academic probation (pg. 27B)	Sept.-Aug.		
E. Inform students of other resources on campus (pg. 27C)	Sept.-Aug.		
F. Determine need for tutoring, monitor tutored students progress through meetings with Tutors, conduct mid-semester conferences (pg. 27E)	Sept.-Aug.		
G. Encouage students to participate in Program activities	Sept.-Aug.		
H. Complete case studies on students	Sept.-Aug.		
2. **Data Collection and Data Base Management**		30%	
A. Collect and record student and Program data on a daily, weekly, monthly, semester, and yearly basis (pg. 27J)	Sept.-Aug.		
B. Maintain and update the student computer data bases to ensure accurate recordkeeping, analysis, storage and retrieval of information (pg. 27K)	Sept.-Aug.		
C. Input information on the computer regarding student enrollment, counseling contacts, study skill development, and participation in educational and cultural enrichment activities	Sept.-Aug.		

[1] Page numbers refer to those in the 1993-1997 Proposal -Revised Goals and Objectives.

Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Revised 12/12/95

Job Performance Agreement

Position: Statistician/Program Counselor Program: Student Support Services Fiscal Year: 1996-1997
Coordinator of Research and Evaluation Component

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
D. Identify Program participants on academic probation or students who have been dismissed for Program Counselors to contact for special advising (pp. 27B)	Jan., May, Aug.		
E. Track current and prior participants at WSU to monitor persistence and graduation (pp. 27C, 27D)	Jan., May, Aug.		
F. Track students progress in tutored courses (pg. 27F)	Jan., May, Aug.		
3. **Evaluation of Program Activities**		15%	
A. Coordinate evaluation activities of the Program, including the Tutorial Component and Educational and Cultural Enrichment Activities Component (pp. 27F, 27L, 27M)	Dec., May, July		
B. Analyze the results of evaluations and provide summaries of the evaluation activities (pg. 27K)	Dec., May, July		
4. **Performance Reports and Research**		15%	
A. Generate weekly, monthly, semester, and yearly reports in a timely manner (pg. 27M)	Sept.-Aug.		
B. Compile the Research and Evaluation Component section of the annual Program Overview and Performance Report (pg. 27K)	Sept.-Aug.		
C. Assist the Director in completing the U.S. Department of Education Performance Report and the Continuation Proposal (pg. 27M)	Sept., Dec.		

[1] Page numbers refer to those in the 1993-1997 Proposal -Revised Goals and Objectives.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

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Job Performance Agreement

Position: Statistician/Program Counselor Program: Student Support Services Fiscal Year: 1996-1997
Coordinator of Research and Evaluation Component

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
5. **Other Activities**		10%	
A. Assist the Coordinator of Tutorial Services in the training of Tutors (pg. 27G)	Sept.-Aug.		
B. Assist the Coordinator of the Educational and Cultural Enrichment Activities Component in the execution of educational and cultural enrichment activities (pp. 27H, 27I)	Sept.-Aug.		
C. Maintain cooperation among the Program, WSU Registrar, the Computing Center, the Office of Student Financial Planning and Assistance, and the Office of Institutional Planning and Research	Sept.-Aug.		
D. Perform other duties as required to meet goals and objective of the Program	Sept.-Aug.		
E. Commit to the purpose and mission of the University's Quality process and Student Support Service's goals and objectives.	Sept.-Aug.		
F. Maintain extensive knowledge of the program and stay informed of new and innovative techniques in the field.	Sept.-Aug.		
G. Some travel to conferences and oral presentations may be required.	Sept.-Aug.		

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[1] Page numbers refer to those in the 1993-1997 Proposal -Revised Goals and Objectives.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory

Job Performance Agreement

Position: Statistician/Program Counselor Program: Student Support Services Fiscal Year: 1996-1997
Coordinator of Research and Evaluation Component

Tasks/Activities	Timeline Dates	% Time	Evaluation[2]
Recommended Goals for the Statistician/Program Counselor			
A. Summary of Director's recommendations:			
B. I have met with the Statistician/Program Counselor throughout the past year/period to review her performance and have provided the opportunity to present documentation of performance.			
Director	Date		
Action and/or comments by Statistician/Program Counselor (check is appropriate)			
I have reviewed this report and have been given the opportunity to discuss it with the director. ____			
I have attached a written response to this report (optional) ____			
Statistician/Program Counselor	Date		

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[1] Page numbers refer to those in the 1993-1997 Proposal -Revised Goals and Objectives.

[2] Evaluation: 1 Superior 2 Above Average 3 Average 4 Below Average 5 Unsatisfactory